

## DIVISION OF CONSTRUCTION FORMS & FORMS USED BY CONSTRUCTION FORCES

### 63-13.0100 GENERAL

- .0110 Discussion of Forms** - This chapter includes a complete listing of the forms generated and maintained by the Division of Construction. Additionally, other forms that are relevant and often used by Construction forces are included regardless of what division produces and maintains them. The forms are listed with a discussion of their purpose and they are included as an exhibit such that they can be copied and used as needed.

This chapter is meant to assist personnel in finding and using necessary forms but it is by no means an exhaustive list of forms that Construction personnel may need. Many forms that were used extensively in the past have been replaced by electronic forms submitted through SiteManager. The necessity of the inclusion of this information in the Construction Guidance Manual has been reduced by the electronic age but it was deemed relevant so that the guidance manual could be a more complete source of information.

- .0120 Modification of Forms** - Many of the forms included in this chapter can be found electronically or easily typed into a personal computer. Though this makes it easy for the forms to be modified and changed to meet specific project needs, this is HIGHLY discouraged. The creation and modification of forms has a legal approval process that should be complete before they are used in the field. If there is ever a modification needed on a particular form, contact the Central Office, Division of Construction to have those modifications made.

- .0130 Explanation of Form Designation** - Forms are both titled and numbered for identification purposes. The typical designation is *Form TC No. XX-XX*, "*The Form Title*." An example of this is Form TC No. 63-27, titled "Final Estimate Data Sheet." The form number is TC 63-27. The "TC" stands for Transportation Cabinet, the "63" is the Division of Construction's designated prefix number, and "27" represents the specific form number within the Division of Construction.

- .0140 Last Modification Date** - Usually, in the vicinity of the form number, there will additionally be a designation indicating the last modification date of the form. This designation is in the form of a two-digit month/two-digit year. Every effort should be made that you are using the most up-to-date form. One way to attempt this is to reference the most current form registry found online at <http://transportation.ky.gov/kytci-forms/>. At this particular website, there will be a link to the most current registry of forms. The registry will list the most recent modification date of all of the Cabinet's forms.

**.0150 Required Information on Every Form** - The project code number (PCN) should be included on every form. Any form that is completed should have enough reference information to identify the date completed, who completed the form, and the project for which the form was completed.

### 63-13.0200 TC 63 DIVISION OF CONSTRUCTION FORMS

#### .0210 Table of Forms

Form #	Name	Date of Revision	Status
TC 63-1	Change Order	2/02	Deleted-SiteManager
TC 63-1A	Change Order	2/02	Deleted-SiteManager
TC 63-1B	Change Order	2/02	Deleted-SiteManager
TC 63-2	Central or Truck Mixing of Concrete	8/98	Deleted-SiteManager
TC 63-4	Final Construction Inspection Report	9/01	Deleted-SiteManager
TC 63-5	Formal Acceptance Report of Completed Construction	3/98	Deleted-SiteManager
TC 63-6	Additional &/or Corrective Work Completion Notice	5/01	Discontinued-E-Mail
TC 63-8	Record of Piles Furnished & Driven	5/02	Still Applicable
TC 63-8M	Record of Piles Furnished & Driven—Metric	5/02	Still Applicable
TC 63-9	Concrete Trip Ticket	7/92	Still Applicable
TC 63-10A	Labor Payroll for Extra Work	6/01	Still Applicable
TC 63-10B	Equipment Rental for Extra Work	6/01	Still Applicable
TC 63-10C	Materials Incorporated in the Work	6/01	Still Applicable
TC 63-11	Cost-Plus Work Daily Field Record	1/86	Still Applicable
TC 63-12	Daily Report of Weighed Materials	5/87	Still Applicable
TC 63-14	Daily Inspectors Report for Bridge Painting	3/00	Still Applicable
TC 63-22	Record of Test Pile No.	5/02	Still Applicable
TC 63-22M	Record of Test Pile No.—Metric	5/02	Still Applicable
TC 63-24	Final Pay Estimate	3/00	Still Applicable
TC 63-26	Contract Overtime & Liquidated Damage Review	3/00	Still Applicable
TC 63-27	Final Estimate Data Sheet	11/01	Deleted-SiteManager
TC 63-28	Daily Work Report	11/03	Deleted-SiteManager
TC 63-31	Weighman's Tare Check Report	5/87	
TC 63-32	Notice of Changed Condition/Disagreement	10/01	Still Applicable
TC 63-33	Acknowledgment of Notice of Changed Condition/Disagreement	6/00	Still Applicable
TC 63-34	Final Release	7/93	Still Applicable
TC 63-35	Subcontract Request	3/00	Still Applicable
TC 63-39	Notice of Work Started	5/01	Deleted-SiteManager
TC 63-40	Project Completion Notice	2/02	Deleted-SiteManager
TC 63-41	Working Day Memo No. 1	3/01	Still Applicable
TC 63-42	Working Day Memo No. 2	3/00	Still Applicable
TC 63-43*	Request for Rideability Test	9/00	Still Applicable
TC 63-44	Final Inspection & Formal Acceptance Report	9/98	Deleted-SiteManager
TC 63-45	Density of Plastic PC Concrete	4/92	Discontinued
TC 63-46	Nuclear Meter Daily Log Sheet	6/01	Still Applicable
TC 63-47	Moisture-Density Test Report—Soils	11/98	Still Applicable

TC 63-49	In-Place Density Using Control Strip	11/98	Still Applicable
TC 63-55	Concrete Mixer Performance & Condition Approval	4/87	Still Applicable
TC 63-60	Storm Water Best Management Practice Plan	6/01	Deleted-Included In Proposal
TC 63-61	Erosion Control Inspection Report	6/01	Still Applicable
TC 63-62	Pre-Construction Safety & Health Checklist	10/01	Still Applicable
TC 63-63	Notification of Imminent Danger	7/06	Still Applicable

## **.0220 Discussions of Applicable Forms**

### **TC 63-8 - Record of Piles Furnished & Driven (Exhibit 63-13-1)**

This form is discussed in Chapter 8, "Structures." It is used by the Project Engineer and is part of the record keeping associated with driving piles. It is also included as part of the Final Estimate records.

### **TC 63-8M - Record of Piles Furnished & Driven-Metric (Exhibit 63-13-2)**

This form is the same as above but for Metric units.

### **TC 63-9 - Concrete Trip Ticket (Exhibit 63-13-3)**

This trip ticket is discussed in Chapter 11, "Jointed Plain Concrete Pavement." It is designed to accommodate any type of concrete, whether central mixed or non-agitated. There is, therefore, space for data that may or may not be appropriate for the particular type of concrete being placed. This form is to be used for each load of concrete delivered to the project regardless of type. This form is furnished in duplicate on NCR paper. The original goes in the project files and the Inspector retains the copy for his files.

### **TC 63-10 - Force Account Workbook**

This is actually a series of forms discussed in Chapter 2. They are used by the Project Engineer to compile field cost data from Force Account Work. These forms are also used to compile the cost of work involved in claims as discussed in Chapter 2. In both circumstances, the daily field cost records are kept on TC 63-11 and transferred to these forms on a periodic basis. These forms are available as computer generated forms.

#### **TC 63-10A - Labor Payroll for Extra Work (Exhibit 63-13-4)**

#### **TC 63-10B- Equipment Rental for Extra Work (Exhibit 63-13-5)**

#### **TC 63-10C- Materials Incorporated in the Work (Exhibit 63-13-6)**

### **TC 63-11 - Force Account Daily Record (Exhibit 63-13-7)**

This form is discussed in Chapter 2. It is used to keep the daily cost records which will be compiled on Form TC 63-10 as discussed above. This form is furnished in duplicate on NCR paper. The Project Engineer or his Inspector keeps the original(white) copy and the Contractor gets the yellow copy. Each form should be signed by the Contractor's representative, the Inspector, and the Project Engineer.

### **TC 63-12 - Daily Report of Weighed Materials (Exhibit 63-13-8)**

This form is discussed in Chapter 9. It is used to provide a daily summary of weighed materials. This form is furnished in quadruplicate on NCR paper in colors of white, canary, pink, and goldenrod. Depending on the weighing method being used by the Contractor, this form is used in different ways so the procedures in Chapter 9 should be reviewed.

**TC 63-14 - Daily Inspectors Report for Bridge Painting (Exhibit 63-13-9)**

This form is used by the Inspector on a bridge painting project and should be filled out with care to details. It is used as a supplement to the Daily Work Report in SiteManager and should not be used on a stand-alone basis.

**TC 63-22 - Record of Test Pile No. (Exhibit 63-13-10)**

This form is discussed in Chapter 8. It is the form of record for each test pile driven on a project.

**TC 63-22M - Record of Test Pile No.-Metric (Exhibit 63-13-11)**

This form is the same as above but for Metric units.

**TC 63-24 - Final Pay Estimate (Exhibit 63-13-12)**

This form is used by the Project Engineer to put the Contractor on notice that the final estimate for the project is ready for their review. It should be sent as soon as the final estimate is completed, at about the same time the final is submitted to the District for checking. This form is available as a computer generated form.

**TC 63-26 - Contract Overtime & Liquidated Damage Review (Exhibit 63-13-13)**

This form is discussed in Chapter 2, section 63-02.1160. This form shall be submitted by the Project Engineer on every project not completed on time, regardless of whether it has adequate time extensions or not, within 30-days after the actual completion date.

**TC 63-31 - Weighman's Tare Check Report (Exhibit 63-13-14)**

This form is discussed in Chapter 9, Section 63-09.0411. It may be necessary to use this form if problems are encountered with the computerized scale operation.

**TC 63-32 - Notice of Changed Condition/Disagreement (Exhibit 63-13-15)**

This form is discussed in Chapter 2, Section 63-02.1300. This form is given to the Contractor at the Preconstruction conference.

**TC 63-33 - Acknowledgment of Notice of Changed Condition/Disagreement (Exhibit 63-13-16)**

This form is discussed in Chapter 2, Section 63-02.1300. This form is used by the Project Engineer to respond to the *Notice of Changed Condition/Disagreement* form submitted by the Contractor. This response must be made within 7-days of receiving the *Notice of Changed Condition/Disagreement* form. It is critical that this time frame is followed. This form is available as a computer generated form.

**TC 63-34 - Final Release (Exhibit 63-13-17)**

This form is submitted to the Contractor by the Division of Construction along with the final estimate for a completed project. This form provides a method for the Contractor to indicate written acceptance of the final estimate. See Section 109.06 of the Standard Specifications.

**TC 63-35 - Subcontract Request (Exhibit 63-13-18)**

This form is discussed in Chapter 2, Section 63-02.0400. This form may be used for both first tier and second tier subcontractors. This form should be handed out and discussed at the Preconstruction Conference. See Section 108.01 of the Standard Specifications. This form is available as a computer generated.

**TC 63-41 - Working Day Memo No. 1 (Exhibit 63-13-19)**

This form is initiated by the Project Engineer as is discussed in Chapter 2, Section 63-02.1140. This form is used while Work Days are ongoing. This form is available as a computer generated form.

**TC 63-42 - Working Day Memo No. 2 (Exhibit 63-13-20)**

This form is initiated by the Project Engineer as is discussed in Chapter 2, Section 63-02.1140. This form is used on a Working Day project after time has expired. This form is available as a computer generated form.

**TC 63-43 - Request for Rideability Test (Exhibit 63-13-21)**

This form is initiated by the Project Engineer to request a rideability test of the bituminous pavement of a specific project. This form is also used to record the data of the rideability test. This form is available as a computer generated form.

**TC 63-46 - Nuclear Meter Daily Log Sheet (Exhibit 63-13-22)**

This form is for recording the day-to-day disposition of the nuclear meters. See Chapter 6 in this manual for additional information.

**TC 63-47 - Moisture-Density Test Report-Soils (Exhibit 63-13-23)**

This form is intended for use with soils, DGA, and CSB (crushed stone base). It should be used to meet the requirements of KM 64-512. See Chapter 6 in this manual for additional information.

**TC 63-49 - In-Place Density Using Control Strip (Exhibit 63-13-24)**

This form is to meet the needs of in-place density testing using control strip and the establishment of a target density. This form is designed around KM 64-432 and the inspector should be familiar with this procedure. Chapter 6 in this manual for additional information.

**TC 63-55 - Concrete Mixer Performance & Condition Approval (Exhibit 63-13-25)**

This form is discussed in Chapter 8. This form is a sticker to be placed in a concrete truck it is usually handled by the concrete supplier but on a rare occasion, it may need to be placed by either the Project Engineer or inspector.

**TC 63-61 - Erosion Control Inspection Report (Exhibit 63-13-26)**

This form is used to make the inspections required by Standard Specifications sections 213.03.01 and 213.03.03 and it satisfies the inspection requirements of the KPDES permit. It also serves as the written notice to the Contractor in case of penalties according to Standard Specification 213.03.02.

**TC 63-62 - Preconstruction Safety & Health Checklist (Exhibit 63-13-27)**

This form is submitted by the Contractor at the Preconstruction Conference with the written "Construction Safety Program" as discussed in 63-01.1600 Safety.

**TC 63-63 - Notification of Imminent Danger (Exhibit 63-13-28)**

This form is submitted to the Contractor by the Resident Engineer or Safety Coordinator, notifying them of a stop work situation in which danger to workers exist on a particular project.

**63-13.0300 USEFUL FORMS FROM OTHER DIVISIONS AND AGENCIES**

**.0310 Table of Forms**

Form #	Name	Form Ownership
TC 71-14	Consent and Release	Maintenance
TC 14-312E	Engineer's Wage and Hour Report	Construction Procurement
IA-1	Workers Compensation-First Report of Injury or Illness	Personnel Services
KSP-232	Civilian Traffic Collision Report	Kentucky State Police
FHWA-47	Statement of Materials and Labor Used by Contractors on Highway Construction Involving Federal Funds	Federal Highway Administration
FHWA-1391	Federal-Aid Highway Construction Contractors Annual EEO Report	Federal Highway Administration

**.0320 Discussions of Forms**

**TC 71-14 - Consent and Release (Exhibit 63-13-29)**

The Project Engineer should use this form whenever it becomes necessary to perform any activity or work off the Right-of-Way on private property. This includes, but is not limited to, surveying, ditching, unanticipated waste or borrow sites that must be provided by the Department, slides, etc. This form is also useful in those circumstances when the property in question is being acquired by the Department but access is desirable before acquisition is final. Due care should be used to be sure the property owner signing the form has the legal right to make the agreement.

**TC 14-312E - Engineer's Wage and Hour Report (Exhibit 63-13-30)**

This form is discussed in Chapter 2, Section 63-02.0800. This form is used when making periodic checks of the wages being paid by the Contractor.

**IA-1 - Workers Compensation-First Report of Injury or Illness (Exhibit 63-13-31)**

Every personal injury must be reported on Worker's Compensation form IA-1, Revision 2/95, within 7 working days following the injury. Form IA-1 will be mailed to the District Office and then will be forwarded to the Office of the General Counsel. For further information, see Chapter 1, Section 63-01.1620.

**KSP-232 - Civilian Traffic Collision Report (Exhibit 63-13-32)**

All accidents involving Transportation Cabinet vehicles and/or equipment must be reported using this form. Form KSP-232 will be mailed to the District Office and will then be forwarded to the Office of General Counsel in Frankfort. For further information, see Chapter 1, Section 63-01.1630.

**FHWA-47 - Statement of Materials and Labor Used by Contractors on Highway Construction Involving Federal Funds (Exhibit 63-13-33)**

This form is submitted by Contractors on Federal Aid projects. This form, properly filled out, must be submitted with the Final Estimate.

**FHWA-1391 - Federal-Aid Highway Construction Contractors Annual EEO Report (Exhibit 63-13-34)**

This form is completed by the Contractor and submitted to the Project Engineer one time a year, in July only. For further information, see Chapter 2, Section 63-02.0900.



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**TABLE OF EXHIBITS**

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**CHAPTER THIRTEEN**

<b><u>TITLE</u></b>	<b><u>FORM NUMBER</u></b>	<b><u>EXHIBIT NUMBER</u></b>
<b><i>Division of Construction Forms:</i></b>		
Record of Piles Furnished & Driven	TC 63-8	63-13-1
Record of Piles Furnished & Driven-Metric	TC 63-8M	63-13-2
Concrete Trip Ticket	TC 63-9	63-13-3
Force Account Workbook		
Labor Payroll for Extra Work	TC 63-10A	63-13-4
Equipment Rental for Extra Work	TC 63-10B	63-13-5
Materials Incorporated in the Work	TC 63-10C	63-13-6
Force Account Daily Record	TC 63-11	63-13-7
Daily Report of Weighed Materials	TC 63-12	63-13-8
Daily Inspectors Report for Bridge Painting	TC 63-14	63-13-9
Record of Test Pile No.	TC 63-22	63-13-10
Record of Test Pile No.-Metric	TC 63-22M	63-13-11
Final Pay Estimate	TC 63-24	63-13-12
Contract Overtime & Liquidated Damage Review	TC 63-26	63-13-13
Weighman's Tare Check Report	TC 63-31	63-13-14
Notice of Changed Condition/Disagreement	TC 63-32	63-13-15
Acknowledgement of Notice of Changed Condition/Disagreement	TC 63-33	63-13-16
Final Release	TC 63-34	63-13-17
Subcontract Request	TC 63-35	63-13-18
Working Day Memo No. 1	TC 63-41	63-13-19
Working Day Memo No. 2	TC 63-42	63-13-20
Request for Rideability Test	TC 63-43	63-13-21
Nuclear Meter Daily Log Sheet	TC 63-46	63-13-22
Moisture-Density Test Report-Soils	TC 63-47	63-13-23
In-Place Density Using Control Strip	TC 63-49	63-13-24
Concrete Mixer Performance & Condition Approval	TC 63-55	63-13-25



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**TABLE OF EXHIBITS**

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<b><u>TITLE</u></b>	<b><u>FORM NUMBER</u></b>	<b><u>EXHIBIT NUMBER</u></b>
Erosion Control Inspection Report	TC 63-61	63-13-26
Preconstruction Safety & Health Checklist	TC 63-62	63-13-27
Notification of Imminent Danger	TC 63-63	63-13-28
 <b><i>Other Forms:</i></b>		
Consent and Release	TC 71-14	63-13-29
Engineer's Wage and Hour Report	TC 14-312E	63-13-30
Workers Compensation-First Report of Injury or Illness	IA-1	63-13-31
Civilian Traffic Collision Report	KSP-232	63-13-32
Statement of Materials and Labor Used by Contractors on Highway Construction Involving Federal Funds	FHWA-47	63-13-33
Federal-Aid Highway Construction Contractors Annual EEO Report	FHWA-1391	63-13-34

Project Number \_\_\_\_\_ PCN \_\_\_\_\_ County \_\_\_\_\_ Location of Structure \_\_\_\_\_

Hammer(Size,Make)	Actual Stroke Lgth.	Weight of Ram	lbs. Fall

[illegible]

cc: District TEBM for Construction  
Division of Construction

Submitted By: \_\_\_\_\_  
Project Engineer

\_\_\_\_\_ Date

Checked By: \_\_\_\_\_ Date \_\_\_\_\_  
District TEEM for Construction

Checked By: \_\_\_\_\_ Date: \_\_\_\_\_

KENTUCKY TRANSPORTATION CABINET  
DEPARTMENT OF HIGHWAYS  
DIVISION OF CONSTRUCTION

TC 63-9  
Rev. 7/92

CONCRETE TRIP TICKET PCN: \_\_\_\_\_

CH NO. \_\_\_\_\_

DATE \_\_\_\_\_ TRUCK NO. \_\_\_\_\_ LOAD NO. \_\_\_\_\_

PROJECT NO. \_\_\_\_\_ COUNTY \_\_\_\_\_

QUANTITY \_\_\_\_\_ CY CLASS CONC \_\_\_\_\_

BEGIN MIXING TIME \_\_\_\_\_ am \_\_\_\_\_ REV \_\_\_\_\_

END MIXING TIME \_\_\_\_\_ pm \_\_\_\_\_ REV \_\_\_\_\_

TIME LOADED \_\_\_\_\_ (Non-agitated concrete only)

MIX DESIGN MAXIMUM FREE WATER \_\_\_\_\_ Gal/Bag

WATER UNDERRUN \_\_\_\_\_ Gal/CY \_\_\_\_\_ Total Gallons

SET RETARDER USED Yes \_\_\_\_\_ Type \_\_\_\_\_ No \_\_\_\_\_

WATER REDUCER USED Yes \_\_\_\_\_ Type \_\_\_\_\_ No \_\_\_\_\_

REMARKS \_\_\_\_\_

Concrete batch weights were provided in accordance with approved mix design:

Signed: \_\_\_\_\_  
Plant Inspector

STATION NO. \_\_\_\_\_ STRUCTURE ID \_\_\_\_\_

MIX REVOLUTIONS Begin \_\_\_\_\_ End \_\_\_\_\_

TOTAL MIX REVOLUTIONS JOBSITE \_\_\_\_\_ CONCRETE TEMP \_\_\_\_\_ ° F

WATER ADDED JOBSITE \_\_\_\_\_ Gal AIR \_\_\_\_\_

SLUMP #1 \_\_\_\_\_ In. SLUMP #2 (water added) \_\_\_\_\_ In.

ENDING TIME \_\_\_\_\_ ELAPSED TIME \_\_\_\_\_ Min.

REMARKS \_\_\_\_\_

Signed: \_\_\_\_\_  
Jobsite Inspector

TRANSPORTATION CABINET  
Department of Highways  
Division of Construction

Contract Id:   
County :   
Contractor :   
Dates :

Description of work :   
Week of and   
Location :   
Work authorized by:

Name of Employee	Classification	Date & Hours per day	Total (hrs.)	Hourly Rate (\$/hr.)	Fringes Rate (\$/hr.)	Fringe Benefits (\$)	Total Salary
	O.T.		0.00	\$0.00	0.00	\$0.00	\$0.00
	S.T.		0.00			\$0.00	\$0.00
	O.T.		0.00	\$0.00	0.00	\$0.00	\$0.00
	S.T.		0.00		0.00	\$0.00	\$0.00
	O.T.		0.00	\$0.00	0.00	\$0.00	\$0.00
	S.T.		0.00		0.00	\$0.00	\$0.00
	O.T.		0.00	\$0.00	0.00	\$0.00	\$0.00
	S.T.		0.00		0.00	\$0.00	\$0.00
	O.T.		0.00	\$0.00	0.00	\$0.00	\$0.00
	S.T.		0.00		0.00	\$0.00	\$0.00
	O.T.		0.00	\$0.00	0.00	\$0.00	\$0.00
	S.T.		0.00		0.00	\$0.00	\$0.00
	O.T.		0.00	\$0.00	0.00	\$0.00	\$0.00
	S.T.		0.00		0.00	\$0.00	\$0.00
	O.T.		0.00	\$0.00	0.00	\$0.00	\$0.00
	S.T.		0.00		0.00	\$0.00	\$0.00
	O.T.		0.00	\$0.00	0.00	\$0.00	\$0.00
	S.T.		0.00		0.00	\$0.00	\$0.00
	O.T.		0.00	\$0.00	0.00	\$0.00	\$0.00
	S.T.		0.00		0.00	\$0.00	\$0.00
	O.T.		0.00	\$0.00	0.00	\$0.00	\$0.00
	S.T.		0.00		0.00	\$0.00	\$0.00
	O.T.		0.00	\$0.00	0.00	\$0.00	\$0.00
	S.T.		0.00		0.00	\$0.00	\$0.00
	O.T.		0.00	\$0.00	0.00	\$0.00	\$0.00
	S.T.		0.00		0.00	\$0.00	\$0.00
	O.T.		0.00	\$0.00	0.00	\$0.00	\$0.00
	S.T.		0.00		0.00	\$0.00	\$0.00
	O.T.		0.00	\$0.00	0.00	\$0.00	\$0.00
	S.T.		0.00		0.00	\$0.00	\$0.00
	O.T.		0.00	\$0.00	0.00	\$0.00	\$0.00
	S.T.		0.00		0.00	\$0.00	\$0.00
	O.T.		0.00	\$0.00	0.00	\$0.00	\$0.00
	S.T.		0.00		0.00	\$0.00	\$0.00
	O.T.		0.00	\$0.00	0.00	\$0.00	\$0.00
	S.T.		0.00		0.00	\$0.00	\$0.00

TOTAL WAGES \$ -

Workman's Compensation =   
Social Security & Unemployment =   
Public Liability =

TOTAL OVERHEAD 0.00%

TOTAL FRINGES \$ -

0.00% \* \$0.00 = \$ -

SUBTOTAL \$ -

+ 25.00% \$ -

Labor Grand Total \$ -

TRANSPORTATION CABINET  
Department of Highways  
Division of Construction

TC 63-10B  
Mod 11/07

## EQUIPMENT RENTAL FOR EXTRA WORK

Contract Id:	Description of work
County :	:
Contractor :	Location :
Dates :	Work authorized by

[illegible]

	SUBTOTAL	0.00
FUEL & LUBRICANTS	15%	<u>0.00</u>
EQUIPMENT GRAND TOTAL		0.00

MATERIALS	\$	-
EQUIPMENT	\$	-
LABOR	\$	-
SUBTOTAL TOTAL	\$	-
Bond +		-
GRAND TOTAL	\$	-



TRANSPORTATION CABINET  
Department of Highways  
Division of Construction

TC 63-11  
Nov-07

FORCE ACCOUNT DAILY FIELD RECORD

Contract Id: \_\_\_\_\_

Work Performed By: \_\_\_\_\_  
Prime Contractor
Sub-Contractor

County: \_\_\_\_\_ Project No: \_\_\_\_\_ Route: \_\_\_\_\_

Day: \_\_\_\_\_ Date: \_\_\_\_\_

EMPLOYEE NAME	CLASS OF WORK	REG. HRS.	O.T. HRS.	DESCRIPTION OF DUTIES

EQUIPMENT	RATED CAP.	TIME USED	REMARKS

MATERIALS USED	QUANTITY	REMARKS

Description of Activities & Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*The labor, materials, and equipment used this date on the specified work operations are correct.*

Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Project Engineer: \_\_\_\_\_ Date: \_\_\_\_\_

## DAILY REPORT OF WEIGHED MATERIALS

MAINT. TCT NO. \_\_\_\_\_ ELECTRONIC SCALES (YES) (NO) SHEET \_\_\_\_\_ OF \_\_\_\_\_

[illegible]

TOTAL NET PAY QUANTITY (TONS)

\*I \_\_\_\_\_ (Plant Manager) (KYTC Employee) DO HEREBY CERTIFY THAT THE ABOVE QUANTITY OF MATERIAL WAS FOR THE SOLE USE AND BENEFIT OF THE COMMONWEALTH OF KENTUCKY.

APPROVED: \_\_\_\_\_  
PROJECT ENGINEER

**NOTE:** Each kind of material must be listed on separate sheets.

**KENTUCKY TRANSPORTATION CABINET**  
**DEPARTMENT OF HIGHWAYS**  
**DIVISION OF CONSTRUCTION**  
**DAILY INSPECTORS REPORT FOR BRIDGE PAINTING**

**TC 63-14**  
 Rev. 5/98 Mod. 03/00

County: \_\_\_\_\_ Date: \_\_\_\_\_ District No. \_\_\_\_\_

Project No. \_\_\_\_\_ PCN: \_\_\_\_\_ Hours Worked: \_\_\_\_\_

Contractor: \_\_\_\_\_ No. of Workers: \_\_\_\_\_

Painting Contractor: \_\_\_\_\_

Time				
Dry Bulb (°F)				
Wet Bulb (°F)				
Steel Temp. (°F)				
Relative Humidity (%)				
Dew Point (°F)				
Weather Comments:				

Compressor Type	
Compressor Capacity	
No. of Blasters	
Pressure @ Compressor	
Blotter Tests Performed	
Comments:	

Anchor Pattern (Mils)				ATTACH TAPES HERE
Location				
Visual Standard				
Wet Film Thk Ck (Mils)				

Results of Dry Film Measurements (MILS):



Coating Manufacturer	Type of Coating	Lot No.	Batch No.	No. Gal. Used

Comments: (Include areas reblasted, special instructions to contractor, problems, etc.)



Inspected By: \_\_\_\_\_ Resident Engineer: \_\_\_\_\_

*NOTE: This form is to be used as supplement to Daily Inspectors Report TC No 63-28*

**KENTUCKY TRANSPORTATION CABINET**  
**DEPARTMENT OF HIGHWAYS**  
**DIVISION OF CONSTRUCTION**  
**RECORD OF TEST PILE**

**TC 63-22E**  
Rev. 3/83 Mod. 05/02

Test Pile No \_\_\_\_\_

Location of Structure \_\_\_\_\_

Page 1

Project Number \_\_\_\_\_  
Project Code Number \_\_\_\_\_  
County \_\_\_\_\_  
Road Name \_\_\_\_\_  
Bridge Over \_\_\_\_\_  
Station \_\_\_\_\_  
Hammer (Size, Make) \_\_\_\_\_  
Formula \_\_\_\_\_  
Actual Stroke Length \_\_\_\_\_  
Weight of Ram (lbs.) \_\_\_\_\_  
Fall (ft) \_\_\_\_\_  
Type of Pile \_\_\_\_\_  
Orientation \_\_\_\_\_  
Gauge Pressure (psi) \_\_\_\_\_  
Energy/Blow (ft./lbs.) \_\_\_\_\_  
Blows Per Minute \_\_\_\_\_  
Plan Bearing (tons) \_\_\_\_\_  
Concrete Mix Used \_\_\_\_\_  
Orig. Length of Pile (ft.) \_\_\_\_\_  
Build Up (ft.) \_\_\_\_\_  
Cut-Off Elevation \_\_\_\_\_  
Cut-Off Length \_\_\_\_\_  
Final Elev. Tip of Pile \_\_\_\_\_  
Pay Length (ft.) \_\_\_\_\_  
Plan Qty. Length (ft.) \_\_\_\_\_  
Drawing Number \_\_\_\_\_  
Date Driven \_\_\_\_\_

Date Submitted \_\_\_\_\_

Project Engineer \_\_\_\_\_

Penetration (Feet)	No. of Blows per foot	Average Height of Theoretical Bearing (Tons)	Penetration (Feet)	No. of Blows per foot	Average Height of Theoretical Bearing Tons
				BUTT	
35			65		
34			64		
33			63		
32			62		
31			61		
30			60		
29			59		
28			58		
27			57		
26			56		
25			55		
24			54		
23			53		
22			52		
21			51		
20			50		
19			49		
18			48		
17			47		
16			46		
15			45		
14			44		
13			43		
12			42		
11			41		
10			40		
9			39		
8			38		
7			37		
6			36		
5					

TIP

cc: District TEBM for Construction  
Division of Construction

\*\*Insert gauge pressure for hammers  
with enclosed rams.

Total Penetration - Last 10 blows \_\_\_\_\_ in. @ \_\_\_\_\_ ft. Theo. Bearing \_\_\_\_\_ Tons

**KENTUCKY TRANSPORTATION CABINET**  
**DEPARTMENT OF HIGHWAYS**  
**DIVISION OF CONSTRUCTION**  
**RECORD OF TEST PILE (METRIC)**

**TC 63-22M**  
 Rev. 3/83 Mod. 05/02

Test Pile No \_\_\_\_\_

Location of Structure \_\_\_\_\_

Page 1

		Penetration (meters)	No. of Blows per .25 meter	Average Height of Fall**	Theoretical Bearing (kN)	Penetration (meters)	No. of Blows per meter	Average Height of Fall**	Theoretical Bearing (kN)
Project Number	_____								
Project Code Number	_____						BUTT		
County	_____	9.5							
Road Name	_____	9.25				17			
Bridge Over	_____	9				16.75			
Station	_____	8.75				16.5			
Hammer (Size, Make)	_____	8.5				16.25			
Formula	_____	8.25				16			
Actual Stroke Length (m)	_____	8				15.75			
Weight of Ram (kg)	_____	7.75				15.5			
Fall (m)	_____	7.5				15.25			
Type of Pile	_____	7.25				15			
Orientation	_____	7				14.75			
Gauge Pressure (MPa)	_____	6.75				14.5			
Energy/Blow (N/m)	_____	6.5				14.25			
Blows Per Minute	_____	6.25				14			
Plan Bearing (kN)	_____	6				13.75			
Concrete Mix Used	_____	5.75				13.5			
Orig. Length of Pile (m)	_____	5.5				13.25			
Build Up (m)	_____	5.25				13			
Cut-Off Elevation (m)	_____	5				12.75			
Cut-Off Length (m)	_____	4.75				12.5			
Final Elev. Tip of Pile (m)	_____	4.5				12.25			
Pay Length (m)	_____	4.25				12			
Plan Qty. Length (m)	_____	4				11.75			
Drawing Number	_____	3.75				11.5			
Date Driven	_____	3.5				11.25			
		3.25				11			
		3				10.75			
		2.75				10.5			
		2.5				10.25			
		2.25				10			
		2				9.75			

Date Submitted \_\_\_\_\_

Project Engineer \_\_\_\_\_

cc: District TEBM for Construction  
 Division of Construction

\*\*Insert gauge pressure for hammers  
 with enclosed rams.

Total Penetration - Last 10 blows \_\_\_\_\_ mm@ \_\_\_\_\_ Theo. Bearing \_\_\_\_\_ kN

**KENTUCKY TRANSPORTATION CABINET  
DEPARTMENT OF HIGHWAYS  
DIVISION OF CONSTRUCTION  
FINAL PAY ESTIMATE LETTER**

**TC 63-24**  
Rev. 3/83 Mod. 03/00

TO: \_\_\_\_\_  
Contractor  
\_\_\_\_\_  
Address

ATTENTION: \_\_\_\_\_

SUBJECT: Final Pay Estimate PCN: \_\_\_\_\_

DATE: \_\_\_\_\_ Encumbrance No. \_\_\_\_\_

Attached is a copy of Final Pay Estimate No. \_\_\_\_\_ for \_\_\_\_\_ County,  
Uniform Project No. \_\_\_\_\_, as indicated by the Estimate, liquidated damages  
\_\_\_\_\_ applicable to the Project.

Please compare the quantities shown with your records and advise if there are any discrepancies.

The Final Pay Estimate is being submitted to the District Office for checking where it will be available for  
your review until \_\_\_\_\_. Should you wish to make such a review, please contact  
\_\_\_\_\_, Transportation Engineer Branch Manager.

These quantities have yet to be checked by the District Office, as mentioned above, nor have they been  
checked by the Central Office, Division of Construction. Consequently, they are not to be considered absolute  
therefore, should any major changes become apparent, you will be notified.

If liquidated damages are applicable to the project, you will be notified of the final charges subsequent to the  
review by the Central Office, Division of Construction, Liquidated Damage Review Committee.

Yours truly,

\_\_\_\_\_  
Project Engineer

c: Transportation Engineer Branch Manager  
Director of Construction

**KENTUCKY TRANSPORTATION CABINET**  
**DEPARTMENT OF HIGHWAYS**  
**DIVISION OF CONSTRUCTION**  
**CONTRACT OVERTIME AND LIQUIDATED DAMAGE REVIEW**

TC 63-26

Rev. 7/84 Mod. 03/00

Date \_\_\_\_\_ PCN \_\_\_\_\_ Encumbrance No. \_\_\_\_\_ District \_\_\_\_\_  
 County \_\_\_\_\_ Project No. \_\_\_\_\_  
 Road \_\_\_\_\_ Contractor \_\_\_\_\_

Type Contract: ☐ Working Day ☐ Specified Completion Date ☐ Calendar Day ☐ Combination

Type Contract:

- (1) Date of Letting \_\_\_\_\_  
 (2) Date Contract Awarded \_\_\_\_\_  
 (3) Date Contract Executed \_\_\_\_\_  
 (4) Effective Date to Begin Work \_\_\_\_\_  
 (5) Date Work Started \_\_\_\_\_  
 (6) Actual Completion Date \_\_\_\_\_  
 (7) Original Contract Amount \_\_\_\_\_  
 (8) Final Contract Amount \_\_\_\_\_  
 (9) Total Money ☐ Underrun ☐ Overrun \_\_\_\_\_

**WORKING DAY CONTRACTS**

- (10) Total Working Days Original Contract \_\_\_\_\_  
 (11) Additional Working Days Allowed (Chg. Order No.) \_\_\_\_\_  
 (12) Amount To Be Performed Per Day on Original Contract \_\_\_\_\_  
 (13) Date Original Working Days Expire \_\_\_\_\_  
 (14) Date Extended Working Days Expire \_\_\_\_\_

**SPECIFIED COMPLETION DATE OR CALENDAR DAY CONTRACTS**

- (10) Specified Completion Date \_\_\_\_\_  
 (11) Calendar Day Contract (Original Exp. Date) \_\_\_\_\_  
 (12) Amount To Be Performed Per Day on Original Contract \_\_\_\_\_  
 (13) Additional Calendar Days Allowed (Chg. Order No.) \_\_\_\_\_  
 (14) Date Extended Calendar Days Expire \_\_\_\_\_

**SUMMATION OF LIQUIDATED DAMAGES**

- (15) Total Overtime (Compare Items No. 6 & 14) \_\_\_\_\_  
 (16) Credits -- Winter Period \* \_\_\_\_\_  
 (17) Credits -- Seasonal Limitations \* \_\_\_\_\_  
 (18) Credits -- Other \* \_\_\_\_\_  
 (19) Total Calendar Day Credits (Sum of No. 16, 17, & 18) \_\_\_\_\_  
 (20) Total Days Liquidated Damages (Item No. 15 Minus Item No. 19) \_\_\_\_\_  
 (21) Liquidated Damage Charge Per Day \_\_\_\_\_  
 (22) \_\_\_\_\_ Calendar Days @ 1/2 rate of \$ - Equals \$ -  
 (23) \_\_\_\_\_ Calendar Days @ Full Rate of \$ - Equals \$ -  
 (24) \_\_\_\_\_ Equals \_\_\_\_\_  
 (25) Total Liquidated Damage Charges \$ -

**REMARKS:**

\* List Dates in Remarks and Explain

\_\_\_\_\_  
CHIEF DISTRICT ENGINEER



SIGNED BY \_\_\_\_\_  
WEIGHMAN

**KENTUCKY TRANSPORTATION CABINET  
DEPARTMENT OF HIGHWAYS**

**TC 63-32**  
Rev. 10/99 Mod. 12/07

**Notice of Changed Condition/Disagreement**

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
Project Engineer

SUBJECT: *603 KAR 2:015 Sections 9 & 10*

PROJECT NO: \_\_\_\_\_ Cont\_Id \_\_\_\_\_

COUNTY: \_\_\_\_\_

Please accept this letter as Notice of a Change of Condition/Disagreement on the subject project.

BID ITEMS: \_\_\_\_\_

\_\_\_\_\_

REASON: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LOCATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

-----

NOTE: The Project Engineer should

Acknowledge receipt of this notice

Within 7 days by transmitting Form

TC 63-33 to Contractor.

RECEIVED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

Exhibit 63-13-16

## Acknowledgement of Notice of Changed Condition/Disagreement

Cont\_ID \_\_\_\_\_

PROJECT NUMBER: \_\_\_\_\_ COUNTY: \_\_\_\_\_

ROAD NAME: \_\_\_\_\_ CH NO. \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

SUB-CONTRACTOR (if involved): \_\_\_\_\_

\* Date Notice of Changed Condition/Disagreement: \_\_\_\_\_

TO THE ATTENTION OF: \_\_\_\_\_

TITLE: \_\_\_\_\_

*Please be advised that this office is in receipt of a Notice of Changed Condition/Disagreement, dated \_\_\_\_\_, on the subject project. Please be advised that this dispute shall be governed by the procedures and provisions set forth in 603 KAR 2:015 sections 9 & 10.*

*Please be advised that pursuant to Section 105.13 of the applicable edition of Standard Specifications for Road and Bridge Construction, it is the Contractor's responsibility to keep a strict account of all costs related to the substance of the changed condition/disagreement. The project engineer will acknowledge his or her approval/disapproval with the records each day.*

*Neither the Notice of Changed Condition/Disagreement nor the fact that the Engineer has acknowledged the cost shall be construed as proving or substantiating the validity of the potential claim.*

### COMMENTS:

\*This form should be transmitted within 7 days of receipt by Project Engineer of Contractor's Notice of Changed Condition/Disagreement

BY: \_\_\_\_\_  
PROJECT ENGINEER

COPY TO: District Office  
Director, Division of Construction  
Project File

DATE: \_\_\_\_\_

## FINAL RELEASE

TC 63-34  
Mod 7,93TO: TRANSPORTATION CABINET  
FRANKFORT, KENTUCKY

This is to certify that

Contractor of

having completed the contract with the Transportation Cabinet

covering the construction

Road, officially known as

County Project No.

will accept as full and final statement

payment in the amount of \$

which is based on Final Estimate No.

which has been approved by the Transportation Cabinet, and hereby releases the

Transportation Cabinet and the Commonwealth of Kentucky from any further liability thereon.

And further, I certify that the provisions and requirements of all federal and state labor laws and wage requirements as set forth in the special provisions for this contract have been complied with.

Nothing embraced therein shall be construed to release the contractor from violations of wage requirements, federal and state labor laws as set forth in this contract, or from liability for payment of any claims incurred or labor, materials, or supplies used or furnished for use in the performance of the aforesaid contract, or from liability for damages, if any, resulting from wrongful or negligent acts of the contractor in the performance of the aforesaid contract, and the contractor agrees to hold the Cabinet harmless therefrom.

CH NO.  
PCN

NAME OF CONTRACTOR

State of Kentucky

County of \_\_\_\_\_ Sct.

\_\_\_\_\_  
(By) Authorized Agent

Subscribed and sworn to before me by \_\_\_\_\_

\_\_\_\_\_ this \_\_\_\_\_

day of

\_\_\_\_\_, 19 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires

\_\_\_\_\_, 19 \_\_\_\_\_

**KENTUCKY TRANSPORTATION CABINET  
DEPARTMENT OF HIGHWAYS  
DIVISION OF CONSTRUCTION  
SUBCONTRACT REQUEST**

CONT\_ID \_\_\_\_\_

SUBCONTRACT NO: \_\_\_\_\_

Tier Y/N \_\_\_\_\_

TO: \_\_\_\_\_

Greta Smith, P.E.

Director, Division of Construction

FROM: \_\_\_\_\_

Prime Contractor

KYTC Vendor Number

SUBJECT: \_\_\_\_\_

County

Fed/State Project Number

I hereby request to subcontract a portion of the subject project to:

\_\_\_\_\_ KYTC Vendor Number  
The amount to be subcontracted by this request is \$ \_\_\_\_\_ or \_\_\_\_\_ % of the  
(Original contract amount or subcontract amount if Tier request) \_\_\_\_\_  
I have previously subcontracted as follows: \_\_\_\_\_

NAME OF SUBCONTRACTOR

AMOUNT

PERCENT

The total amount to be subcontracted including this request is \$ \_\_\_\_\_ or \_\_\_\_\_ % of the  
(original contract) or (subcontract) amount.

This subcontractor has been furnished a copy of Appendix B of 49 CFR Part 29 and advised to include the  
Certification in all lower tier covered transactions and in all solicitations for lower tier transactions (Federal Aid  
Contracts only).

The proposed subcontractor is on the Department's list of qualified contractors to perform work requested and a  
copy of current insurance coverage will be available at the prime contractor's office before the subcontractor begins  
work on project.

\_\_\_\_\_  
Prime Contractor\_\_\_\_\_  
Date**CC District TEBM for Construction**

[illegible]

**KENTUCKY TRANSPORTATION CABINET  
DEPARTMENT OF HIGHWAYS  
DIVISION OF CONSTRUCTION  
DBE Detailed Plan/SUBCONTRACT REQUEST**

CONTRACT ID (CONTID) \_\_\_\_\_

DBE Firm/Subcontract # : \_\_\_\_\_

TO : Rick Stansel

Executive Director Division of Contract Procurement

FROM : \_\_\_\_\_  
Prime ContractorSUBJECT : \_\_\_\_\_  
County Project Number

I hereby request to utilize for DBE participation a portion of the subject project to:

\_\_\_\_\_ of \_\_\_\_\_  
 DBE Employer Identification Numbers: Federal \_\_\_\_\_ KY \_\_\_\_\_  
 The amount to be subcontracted by this request is DBE \_\_\_\_\_ or \_\_\_\_\_ Contract \_\_\_\_\_ or \_\_\_\_\_ of the  
 (original contract ) or a subcontract amount of \_\_\_\_\_

I have previously requested approval for subcontracts or agreements with other DBE as follows

Name of DBE firm	DBE Amount	DBE %	Contract "Worth" Amount	Contract %
Totals based on original contract Amounts				

This section applicable if DBE firm is also a Subcontractor of work on Project:

\_\_\_\_\_ This subcontractor has been furnished a copy of Appendix B of 49 CFR Part 29 and advised to include the Certification in all lower tier covered transactions and in all solicitations for lower tier transactions (Federal Aid Contracts only).

The proposed subcontractor is on the Department's list of qualified contractors and has current insurance coverage: Policy Number \_\_\_\_\_

with

which expires on

\_\_\_\_\_  
Name of Insurance Company\_\_\_\_\_  
Date\_\_\_\_\_  
Prime Contractor's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Recommended by Office of Minority Affairs Signature\_\_\_\_\_  
Date Recommended by Office of Minority Affairs



**KENTUCKY TRANSPORTATION CABINET**  
**DEPARTMENT OF HIGHWAYS**  
**DIVISION OF CONSTRUCTION**  
**DBE Detailed Plan/SUBCONTRACT REQUEST**

**TC 63-35 DBE**  
 Rev. 6/5/05

Page 2 of 3

Contract ID (ContID) \_\_\_\_\_ Prime \_\_\_\_\_ DBE Firm \_\_\_\_\_

(\*) When description is limited by such as "Laying Only" "Erection Only" "Manipulation Only" etc. it should be so indicated and explained.

(\*\*) When the quantity is not the entire amount of (Contract) or (Sub-Contract) estimate, limitations by stations must be shown or definitely designated in some suitable, positive manner.

Unit prices using Contract Unit Price should be for Bid Unit Price for work to be performed by Sub Contractor. DBE Unit price should be for the agreed upon price for item or portion of item of contract work.

**DBE Participation Non-Pay Estimates Work Items**

Description	Total Contract Quantity	Unit	DBE Unit Price	Dollar Amount based on DBE Price	Comments
-------------	----------------------------	------	----------------	-------------------------------------	----------

**KENTUCKY TRANSPORTATION CABINET**  
**DEPARTMENT OF HIGHWAYS**  
**DIVISION OF CONSTRUCTION**  
**DBE Detailed Plan/SUBCONTRACT REQUEST**

TC 63-35 DBE

Rev. 6/5/05

Page 3 of 3

Contract ID (ContID) \_\_\_\_\_ DBE Firm \_\_\_\_\_

(\*) When description is limited by such as "Laying Only" "Erection Only" "Manipulation Only" etc. it should be so indicated and explaine

(\*\*) When the quantity is not the entire amount of (Contract) or (Sub-Contract) estimate, limitations by stations must be shown or definitely designated in some suitable, positive manner.

Unit prices using Contract "worth" Unit Price should be for Bid Unit Price for work to be performed by Sub Contractor. If partial work item ie "laying only" then use agreed to price for Contract "worth" Unit Price. DBE Unit price should be for the agreed upon price for item or portion of item of contract work.

**The Items to be subcontracted are as follows:**

SiteManager Project Number	Category Number	Project Line Number	Description	Unit	Contract Quantity	Contract "Worth" Unit Price	Dollar Amount based on Contract Price	DBE Quantity	DBE Unit Price	Dollar Amount based on DBE Price
----------------------------------	--------------------	---------------------------	-------------	------	----------------------	-----------------------------------	---	--------------	-------------------	--

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Comments:

Page Total

**KENTUCKY TRANSPORTATION CABINET**  
**DEPARTMENT OF HIGHWAYS**  
**DIVISION OF CONSTRUCTION**  
**SUBCONTRACT REQUEST**

## Supplemental Change Order Items

CONT\_ID \_\_\_\_\_

SUBCONTRACT NO: \_\_\_\_\_

Tier Y/N \_\_\_\_\_

TO: \_\_\_\_\_

Greta Smith, P.E.

Director, Division of Construction

FROM: \_\_\_\_\_

Prime Contractor

KYTC Vendor Number

SUBJECT: \_\_\_\_\_

County

Fed/State Project Number

I hereby request to subcontract a portion of the subject project to:

\_\_\_\_\_  
KYTC Vendor Number

The amount to be subcontracted by this request is

\$ \_\_\_\_\_

I have previously subcontracted as follows:

NAME OF SUBCONTRACTOR

AMOUNT

The total amount to be subcontracted including this request is \$ \_\_\_\_\_

This subcontractor has been furnished a copy of Appendix B of 49 CFR Part 29 and advised to include the Certification in all lower tier covered transactions and in all solicitations for lower tier transactions (Federal Aid Contracts only).

The proposed subcontractor is on the Department's list of qualified contractors to perform work requested and a copy of current insurance coverage will be available at the prime contractor's office before the subcontractor begins work on project.

\_\_\_\_\_  
Prime Contractor\_\_\_\_\_  
Date**CC District TEBM for Construction**

[illegible]

**KENTUCKY TRANSPORTATION CABINET  
DEPARTMENT OF HIGHWAYS  
DIVISION OF CONSTRUCTION  
WORKING DAY MEMO NO. 1**

**TC 63-41**  
Rev. 7/93 Mod. 03/00

MEMO TO: \_\_\_\_\_  
Contractor

ATTENTION: \_\_\_\_\_

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

PROJECT NO: \_\_\_\_\_ PCN: \_\_\_\_\_

ENCUMBRANCE NO: \_\_\_\_\_ COUNTY: \_\_\_\_\_

WORKING DAY STATEMENT: \_\_\_\_\_

Attached is a copy of a statement of working days charged to this project

from \_\_\_\_\_ thru \_\_\_\_\_

As stipulated in the Standard Specifications, Section 108.07.02, this statement will be deemed to be acceptable as correct by your company unless you submit a written protest containing supporting evidence for a change within fourteen (14) days of the above date.

\_\_\_\_\_  
PROJECT ENGINEER

c: File  
Chief District Engineer  
Division of Construction

Delivered to:

Date:  
Mail or Hand Delivery:

**KENTUCKY TRANSPORTATION CABINET**  
**DEPARTMENT OF HIGHWAYS**  
**DIVISION OF CONSTRUCTION**  
**WORKING DAY MEMO NO. 2**

**TC 63-42**  
Rev. 7/93 Mod. 03/00

MEMO TO: \_\_\_\_\_

Contractor

ATTENTION: \_\_\_\_\_

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

PROJECT NO: \_\_\_\_\_

PCN: \_\_\_\_\_

ENCUMBRANCE NO: \_\_\_\_\_

COUNTY: \_\_\_\_\_

WORKING DAY STATEMENT: \_\_\_\_\_

Attached is a copy of a statement of working days charged to this project

from \_\_\_\_\_ thru \_\_\_\_\_

As stipulated in the Standard Specifications, Section 108.07.02, this statement will be deemed to be acceptable as correct by your company unless you submit a written protest containing supporting evidence for a change within fourteen (14) days of the above date.

\_\_\_\_\_  
PROJECT ENGINEER

NOTE: This project was not completed on time and daily charges as agreed liquidated damages are applicable to the project. These charges will be deducted on a calendar day basis as per Section 108.09 of the Standard Specifications.

This working day statement has no effect on these charges and is being submitted solely as a matter of record, however, it should be reviewed closely since it may be utilized in the event a time extension is applicable.

c: File  
Chief District Engineer  
Division of Construction

Delivered to:

Date:

Mail or Hand Delivery:

COMMONWEALTH OF KENTUCKY  
TRANSPORTATION CABINET  
DEPARTMENT OF HIGHWAYS

TC63-43

Rev. 02/96 Mod. 09/00

Exhibit 63-13-21

PROPOSAL CODE NO: \_\_\_\_\_ DISTRICT NO. \_\_\_\_\_  
LETTING DATE: \_\_\_\_\_ RIDEABILITY TEST REPORT MARS JOB NUMBER \_\_\_\_\_  
CONTRACTOR: \_\_\_\_\_  
PROJECT NO.: \_\_\_\_\_ ROUTE: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
LOCATION FROM: \_\_\_\_\_ MI. PT. \_\_\_\_\_  
TO: \_\_\_\_\_ MI. PT. \_\_\_\_\_  
COMMENTS: \_\_\_\_\_ LENGTH: \_\_\_\_\_

REQUESTED BY: PROJECT ENGINEER ☐ DISTRICT OFFICE ☐ DIV. OF CONST. ☐ CONTRACTOR ☐

NAME: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE RI NEEDED \_\_\_\_\_ REQUIRED RI \_\_\_\_\_

OLD PAVEMENT AC ☐ PCC ☐ COMPOSITE ☐ OTHER ☐

THICKNESS DGA \_\_\_\_\_ PCC \_\_\_\_\_ AC. SURF \_\_\_\_\_ BASE \_\_\_\_\_ BINDER \_\_\_\_\_ OGFC \_\_\_\_\_

SURF. PREP: MILLING \_\_\_\_\_ SCRATCH COURSE \_\_\_\_\_ LEVEL & WEDGE \_\_\_\_\_

OTHER \_\_\_\_\_ EDGE DRAIN (TYPE) \_\_\_\_\_

NEW PAVEMENT NEW CONST. ☐ OVERLAY ☐ MILL & AC INLAY ☐ BK. & ST w/ OVERLAY ☐

SUBGRADE: SOIL \_\_\_\_\_ ROCK \_\_\_\_\_ LIME MOD \_\_\_\_\_ CEMENT MOD \_\_\_\_\_ MECH MOD \_\_\_\_\_

THICKNESS OF: DGA \_\_\_\_\_ CSB \_\_\_\_\_ TR DR BLK \_\_\_\_\_ UNT DR BLK \_\_\_\_\_ PCC \_\_\_\_\_

AC SURF: (CLASS) \_\_\_\_\_ SURF \_\_\_\_\_ BINDER \_\_\_\_\_ BASE \_\_\_\_\_ DESIGN EAL \_\_\_\_\_

EDGE DRAIN (TYPE) \_\_\_\_\_ CBR \_\_\_\_\_ ADT \_\_\_\_\_ SAMI ☐ Yes ☐ No

Was MTD (Material Transfer Device) used: ☐ Yes ☐ No If 'YES' indicate Pavement Type: ☐ Surface ☐ Base

TEST DATE: \_\_\_\_\_ DEGREES F: \_\_\_\_\_ WEATHER \_\_\_\_\_

TESTED BY: \_\_\_\_\_ PVMT TYPE \_\_\_\_\_

STRIP CHARTS TO: \_\_\_\_\_ DATE: \_\_\_\_\_

PURPOSE OF TEST CHECK ☐ ACCEPTANCE ☐ AFTER CORR. ☐ OTHER ☐

COMMENTS: \_\_\_\_\_

RIDEABILITY INDEX

PERCENT PAY

	<u>DIRECTION</u>	<u>MILEPOINTS</u>	<u>LANE 1</u>	<u>LANE 2</u>	<u>LANE 3</u>	<u>LANE 1</u>	<u>LANE 2</u>	<u>LANE 3</u>
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								

RESULTS VALIDATED BY: \_\_\_\_\_

DATE: \_\_\_\_\_



**SOURCE SPECIFICATIONS:**

TROXLER GAMMA SOURCE: 8+/-mCi CESIUM 137

TROXLER NEUTRON SOURCE: 40+/- mCi AMERICIUM-241: BE

HUMBOLT GAMMA SOURCE: 10 mCi (NOM) CESIUM 137

HUMBOLT NEUTRON SOURCE: 40 mCi (NOM) AMERICIUM-241: BI

**KENTUCKY TRANSPORTATION CABINET  
DEPARTMENT OF HIGHWAYS  
DIVISION OF CONSTRUCTION  
NUCLEAR METER DAILY LOG SHEET**

TC 63-46

Rev. 4/92 Mod. 06/01

DATE: \_\_\_\_\_

PROJECT ENGINEER: \_\_\_\_\_

CREW NO:

DISTRICT NO:

PLACE OF STORAGE: \_\_\_\_\_

METER MANUFACT:

GAUGE SERIAL NO: \_\_\_\_\_

[illegible]

Submit on 1st & 15th of the month-- show disposition each day.

TOTAL TEST THIS PERIOD

KENTUCKY TRANSPORTATION CABINET  
 Department of Highways  
 Division of Construction  
 Moisture-Density Test Report Soil

TC 63-47  
 Rev 11/98  
 Soils

DIST NO: \_\_\_\_\_

METER NO: \_\_\_\_\_

PROJECT NO: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

STANDARD DENSITY COUNT: \_\_\_\_\_

COUNTY: \_\_\_\_\_

ROAD NAME: \_\_\_\_\_

STANDARD MOISTURE COUNT: \_\_\_\_\_

DATE: \_\_\_\_\_

MODEL NO: \_\_\_\_\_

TYPE MAT'L: \_\_\_\_\_

ROUTE NO: \_\_\_\_\_

Test Number		1	2	3	4	5	6	7	8
Station No									
CL Offset Distance									
Elevation									
Soil		Soil	Soil	Soil	Soil	Soil	Soil	Soil	Soil
Test Depth									
DC Density Count									
WD Wet Density (lb/cf)									
MC Moisture Count									
M Moisture (lb)									
DD Dry Density (lb/cf)									
%M % Moisture									
Proctor Target Density (lb/cf)**									
Optimum Moisture (%)									
%DD % Compaction									
Required % Compaction									
Moisture Correction (%)									
Circle pass or fail		Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
Plus 4 Material- Soil Only									
(a) Total Wt of Material (gm)									
(b) Wt. Of Plus 4 Material (gm)									
(c) Plus 4 Material									
(d) Corrected Proctor Density									

\*\* Proctor, Corrected Proctor

Operator \_\_\_\_\_

Crew No. \_\_\_\_\_

Project Engineer \_\_\_\_\_

## KENTUCKY TRANSPORTATION CABINET

Department of Highways

Division of Construction

TC 63-49

Rev 11/98

DIST NO: \_\_\_\_\_ In-Place Density Using Control Strip DATE: \_\_\_\_\_  
 METER NO: \_\_\_\_\_ MODEL NO: \_\_\_\_\_  
 PROJECT NO: \_\_\_\_\_ COUNTY: \_\_\_\_\_ TYPE MAT'L: \_\_\_\_\_  
 CONTRACTOR: \_\_\_\_\_ ROAD NAME: \_\_\_\_\_ ROUTE NO: \_\_\_\_\_

**ROLLERS**

	Brand & Description	Weight
ROLLER 1:	_____	_____
ROLLER 2:	_____	_____
ROLLER 3:	_____	_____
REMARKS:	_____	

**CONTROL STRIP**

BEGINNING STA: \_\_\_\_\_ LENGTH: \_\_\_\_\_ FT/METER WIDTH: \_\_\_\_\_ FT/METER  
 REMARKS: \_\_\_\_\_ LANE: \_\_\_\_\_

**3 CHECK DENSITY MEASUREMENTS**

SITE 1 @ STA: _____	REMARKS: _____
SITE 2 @ STA: _____	REMARKS: _____
SITE 3 @ STA: _____	REMARKS: _____

DENSITIES:	TEST 1	TEST 2	TEST 3	TEST 4
SITE 1:	lb/cf	lb/cf	lb/cf	lb/cf
SITE 2:	lb/cf	lb/cf	lb/cf	lb/cf
SITE 3:	lb/cf	lb/cf	lb/cf	lb/cf
AVERAGE:	0	0	0	0

**TARGET DENSITY**

10 random locations

	STATION	Density Count	Density	Moisture Count	Percent Moisture	Comments
TEST # 01			lb/cf			
TEST # 02			lb/cf			
TEST # 03			lb/cf			
TEST # 04			lb/cf			
TEST # 05			lb/cf			
TEST # 06			lb/cf			
TEST # 07			lb/cf			
TEST # 08			lb/cf			
TEST # 09			lb/cf			
TEST # 10			lb/cf			
AVERAGE DENSITY			0		0	

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Procedure in accordance with Section 207. Of Specifications

Inspector \_\_\_\_\_

KENTUCKY TRANSPORTATION CABINET  
 Department of Highways  
 DIVISION OF CONSTRUCTION

TC 63-55  
 Rev. 4/87

**CONCRETE MIXER**

**PERFORMANCE AND CONDITION APPROVAL**

SLUMP DEVIATION	SATISFACTORY ____ YES ____ NO
METAL PLATE FOR DRUM SPEEDS	____ YES ____ NO
AUTOMATIC REV. COUNTER	____ YES ____ NO
WATER MEASURING DEVICE	____ YES ____ NO
MIXER DRUM FREE OF CONCRETE	____ YES ____ NO

DATE APPROVED \_\_\_\_\_ BY \_\_\_\_\_

THIS APPROVAL EXPIRES 1 YEAR FROM THIS DATE

TRUCK NUMBER \_\_\_\_\_

CONCRETE PRODUCER NAME \_\_\_\_\_

**MIXER DRUM INSPECTED FOR HARDENED CONCRETE**

DATE	INITIAL	DATE	INITIAL
JAN _____	_____	JULY _____	_____
FEB _____	_____	AUG _____	_____
MAR _____	_____	SEPT _____	_____
APR _____	_____	OCT _____	_____
MAY _____	_____	NOV _____	_____
JUNE _____	_____	DEC _____	_____

Date: \_\_\_\_\_

Contractor Representative: \_\_\_\_\_

Inspector: \_\_\_\_\_

Inspector Qualifications: \_\_\_\_\_

Resident Engineer: \_\_\_\_\_

Actions Required from Last Inspection have  
been performed:

[illegible]

**Stabilized Areas**

Stations	Type of Stabilization	Location of Existing BMP's to be Corrected	Location of Additional BMP's Necessary	Remarks

**House - Keeping**

## Locations

## Remarks

Vehicle Exit Points		
Concrete Wash-Out		
Chemical Containment		

**Additional Comments****Inspection Summary**

\*Note: This report only details actions that must be taken at this time. Records of all previous actions and devices utilized are compiled in the Daily Work Reports related to this project.

Action by the contractor is required according to this report

**Yes / No**

\_\_\_\_\_  
KYTC Representative:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
KYTC Resident Engineer:

\_\_\_\_\_  
Date:

**NOTE:** In accordance with the requirements of the KYTC Standard Specifications for Road and Bridge Construction 2004, Subsection 213.03.02, a penalty equal to the contractual provision for liquidated damages will be imposed on the Contractor if the deficiencies identified in this Erosion Control Inspection Report are not corrected in a manner acceptable to the Department of Highways within 5 days of receipt of this report. Failure to correct may result in the suspension of all operations and the withholding of all amounts due on current pay estimates until all aspects of the subject work are completed and approved

\_\_\_\_\_  
Contractor Representative:

\_\_\_\_\_  
Date:

**KENTUCKY TRANSPORTATION CABINET  
DIVISION OF CONSTRUCTION  
PRE-CONSTRUCTION SAFETY AND HEALTH CHECKLIST**

***I. CONTROL OF SAFETY AND HEALTH ISSUES***

The contractor is reminded that public and employee safety is his responsibility. Any violations of the Kentucky Occupational Safety and Health (KOSH) Standards or situations involving danger to the public or employees will be brought to his attention immediately. If the severity of the situation warrants, the Cabinet will intervene in his operation to help protect employees or the public.

The Cabinet is especially proactive on work site hazards, which expose Cabinet inspectors to potential injury or death. We expect you will provide, as required, any specific information and training to our Cabinet inspectors on hazardous chemicals or other special hazards present on your work site project.

Discussion and exchange of information on hazards, chemical hazards (MSDS's) and safety and health responsibilities are paramount in KOSHA standards.

***II. GENERAL APPLICABLE KOSH STANDARDS FOR CONSTRUCTION*** (not all inclusive)

The following standards and excerpts of standards are in part and others may apply to your operations.

X indicates applicable      N/A indicates non-applicable

1926.23 & .50 Medical Services and First Aid: Provisions shall be made prior to commencement of the project for prompt medical attention in case of serious injury. In the absence of an infirmary, clinic, hospital, or physician, that is reasonably accessible in terms of time and distance to the work site, which is available for the treatment of injured employees, a person who has documented evidence of a valid certificate in first aid training, shall be available at the work site to render first aid. A first aid kit with appropriate supplies shall be easily accessible when required.

1926.25 Housekeeping: During the course of construction, form and scrap lumber with protruding nails, and other debris and materials shall be kept clear from work areas, passageways, and structures.

1926.28 Personal Protective Equipment: The employer is responsible for requiring the wearing of appropriate personal protective equipment (PPE) in all operations where there is an exposure to hazardous conditions. The Contractor is responsible for assuring proper PPE is worn.

1926.51 Sanitation; A. an adequate supply of portable drinking water shall be provided in all places of employment. Portable containers used to dispense drinking water shall be capable of being tightly closed, and equipped with a tap. Water shall not be dipped from the container. Any container used to distribute drinking water shall be clearly marked as to the nature of its contents and not used for any other purpose. The common drinking cup is prohibited.

C. Toilets shall be provided for the employees, a minimum of one per twenty (20) employees or less. This will not apply to mobile crews having transportation readily available to nearby toilet facilities.

1926.59(e)(2) Hazard Communication/Multi-employer workplaces: Employers who produce, use, or store hazardous chemicals at the workplace in such a way that the employees of another employer may be exposed shall provide information and training to the other exposed employer's employees.

1926.150 Fire Protection; (c)(1)(vi) A fire extinguisher of appropriate rating is required whenever flammables are stored and whenever equipment is refueled.

***III. SPECIFIC SAFETY ISSUES INHERENT TO THIS PROJECT*** (not all inclusive)

1926.50 Medical Services and First Aid: Where the eyes or body of any persons may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use. (Minimum 15 minute flush)

1926.62 LEAD STANDARD: The employer shall assure that no employee is exposed to lead at concentrations greater than fifty micrograms per cubic meter of air (50 ug/m squared) averaged over an 8-hour period. We will provide air monitoring to determine exposures for Cabinet inspectors. The KYTC will require the contractor to provide and share use of hand/face washing facilities and appropriate lead waste containers at any level of lead exposure. Additionally abrasive blast work or

anytime the PEL is exceeded mechanical ventilation, lavatories, change rooms, showers, lunch room, will be provided and shared with Cabinet personnel.

Name of your competent person \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

**1926.106 Working Over or Near Water:** A. Employees working over or near water where danger of drowning exists, shall be provided with U.S. Coast Guard approved life jacket or buoyant work vest.

C. Ring buoys with at least 90 feet of line shall be provided and readily available for emergency rescue operations.

D. At least one life saving skiff shall be immediately available at locations where employees are working over or adjacent to water.

**1926.146 Confined Spaces:** No employees shall enter drilled shafts or other confined spaces. Host employer and Contractor shall communicate possible hazards and intentions of entry.

**1926.201 Signaling:** Flagger signals shall conform to the "Manual on Uniform Traffic Control Devices for Streets and Highways". Flaggers shall be trained, wear appropriate red or orange vest, and use appropriate hand signaling devices to direct traffic.

**1926.500, 501, 502, 503 & APPENDIX A, B, C, D, E, Fall Protection:** 501(b)(1) Unprotected sides and edges. Each employee exposed to a fall of six (6) feet or more to a lower level shall be protected from falling by use of guardrail systems, safety net systems, or personal fall arrest systems.

**NOTE: Horizontal Lifelines:** Must meet Cabinets horizontal lifeline evaluation guidelines.

Name of your qualified person \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

**1926.650, 651, 652, & APPENDIX A, B, C, D, E, F; EXCAVATIONS:** The walls and faces of all excavations in which employees are exposed to danger from moving ground shall be guarded by shoring system, sloping of the ground or some other means. All slopes shall be excavated to at least the angle of repose except for areas where solid rock allows for line drilling or pre-splitting.

**TRENCHING:** Each employee in an excavation shall be protected from cave-ins by an adequate protective system properly designed. Trenches 5 feet or more in depth shall be shored, laid back to a stable slope, or some other equivalent means. When trench slopes are laid back in Type B (or average) soils, a slope of 1:1 is recommended. Consult these standards Table B-1 and Figure B-1 in Appendix B for proper determination.

Name of your competent person \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

**1926.900 BLASTING AND USE OF EXPLOSIVES:** The employer shall permit only authorized and qualified persons to handle and use explosives. The prominent display of adequate warning signs warning against the use of mobile radio transmitters shall be placed on road.

**1926.1101 ASBESTOS:** Employer shall ensure no employee is exposed to an airborne concentration of asbestos in excess of 0.1 fiber per cubic centimeter of air as an 8 hour time-weighted average.

Name of your competent person \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

**OTHERS:**

#### **IV. KYTC'S COMMITMENT TO SAFETY AND HEALTH COMPLIANCE**

Who in your company is responsible for coordinating your safety and health program?

Name & Title \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

Is safety and health a full time position? YES \_\_\_ NO \_\_\_ On this project? YES \_\_\_ NO \_\_\_

Does your company perform safety audits? YES \_\_\_ NO \_\_\_ How often? \_\_\_\_\_

If yes, are safety audits documented? YES \_\_\_ NO \_\_\_

Does your company have a written safety and health program? YES \_\_\_ NO \_\_\_

Written hazard communication program? YES \_\_\_ NO \_\_\_

Written environmental compliance assurance program? YES \_\_\_ NO \_\_\_

Are all of these documents available for review? YES \_\_\_ NO \_\_\_

If no, EXPLAIN? \_\_\_\_\_

Review of your policies and procedures does not constitute approval or an endorsement.

**ALL CHECKLIST SPACES AND BLANKS MUST BE MARKED.**

DATE \_\_\_\_\_

**CONSTRUCTION SAFETY COORDINATOR**

DATE \_\_\_\_\_

**PRIME CONTRACTOR'S SIGNATURE**



**TRANSPORTATION CABINET**Frankfort, Kentucky 40622  
www.kentucky.gov**Ernie Fletcher**  
Governor**Bill Nighbert**  
SecretaryRE: Imminent Danger Project No.: \_\_\_\_\_  
County: \_\_\_\_\_ PCN: \_\_\_\_\_

The Cabinet has been made aware, and has contacted you, regarding the work on the above-mentioned project which may not be complying with the provisions of Kentucky Occupational Safety and Health Standards for the Construction Industry (29 CFR Part 1926, as adopted by 803 KAR 2:400 through 2:425). Specifically, those concerning:

Subpart E, Personal Protective and Life Saving Equipment

Subpart L, Scaffolds

Subpart M, Fall Protection

Subpart P, Excavations

Subpart X, Stairways and Ladders

Other: \_\_\_\_\_

Therefore, because of the concern of imminent danger to employees, work will stop on this project until full compliance has been met.

Please be advised, the Cabinet has always expected project contractors to fully comply with the provisions of 29 CFR Part 1926, and expects compliance of this standard be maintained through the life of the project.

CC: Secretary of Transportation  
Director, Division of Construction  
TEBM, District Office  
Safety Administrator, Division of Construction

KENTUCKY TRANSPORTATION CABINET  
Division of OperationsTC 71-14E  
Rev. 08/01**CONSENT AND RELEASE**

COUNTY \_\_\_\_\_ PROJECT NO. \_\_\_\_\_

ROAD NAME \_\_\_\_\_

WHEREAS, the Transportation Cabinet, Commonwealth of Kentucky, finds it necessary in order to protect Highway No. \_\_\_\_\_ to do the following work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

on the land of \_\_\_\_\_  
\_\_\_\_\_ County, Kentucky

NOW, THEREFORE, in consideration of the above and the incidental benefits accruing to the property, I hereby consent and agree that the Transportation Cabinet may come upon the above property and do the work as set out above, and do further agree that I will assert no claim for damages against the Transportation Cabinet by reason of said work, but by these presents shall be forever barred.

This, the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_

WITNESS: \_\_\_\_\_  
Projects Engineer or Maintenance Foreman

APPROVED: \_\_\_\_\_  
Chief District Engineer

Contract ID No.: \_\_\_\_\_

**ENGINEER'S WAGE AND HOUR REPORT**

Date: \_\_\_\_\_ County: \_\_\_\_\_

Project: \_\_\_\_\_

Name: \_\_\_\_\_

☐ Contractor ☐ Subcontractor

Foreman: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Telephone: \_\_\_\_\_

**FORMS POSTED:**

- \* Wage Schedule \_\_\_\_\_ ☐ YES ☐ NO
- \* Contractor Notice (TC 14-314) \_\_\_\_\_ ☐ YES ☐ NO
- \* Non-Discrimination in Employment (TC 14-313) \_\_\_\_\_ ☐ YES ☐ NO
- Notice (Form FHWA 1022) \_\_\_\_\_ ☐ YES ☐ NO
- \* Safety and Health Protection on the Job \_\_\_\_\_ ☐ YES ☐ NO
- \* Kentucky Law Requires \_\_\_\_\_ ☐ YES ☐ NO
- Wage Rate Information (Form FHWA 1495) \_\_\_\_\_ ☐ YES ☐ NO
- Equal Employment Opportunity \_\_\_\_\_ ☐ YES ☐ NO
- ALL REQUIRED POSTERS \_\_\_\_\_ ☐ YES ☐ NO
- \* Posters Required on State Project Job Sites**

1	NAME		ADDRESS	
	OBSERVED WORKING AS	CLASSIFICATION	WAGE <input type="checkbox"/> UNKNOWN	OVERTIME <input type="checkbox"/> WORKED <input type="checkbox"/> PAID
2	NAME		ADDRESS	
	OBSERVED WORKING AS	CLASSIFICATION	WAGE <input type="checkbox"/> UNKNOWN	OVERTIME <input type="checkbox"/> WORKED <input type="checkbox"/> PAID
3	NAME		ADDRESS	
	OBSERVED WORKING AS	CLASSIFICATION	WAGE <input type="checkbox"/> UNKNOWN	OVERTIME <input type="checkbox"/> WORKED <input type="checkbox"/> PAID
4	NAME		ADDRESS	
	OBSERVED WORKING AS	CLASSIFICATION	WAGE <input type="checkbox"/> UNKNOWN	OVERTIME <input type="checkbox"/> WORKED <input type="checkbox"/> PAID
5	NAME		ADDRESS	
	OBSERVED WORKING AS	CLASSIFICATION	WAGE <input type="checkbox"/> UNKNOWN	OVERTIME <input type="checkbox"/> WORKED <input type="checkbox"/> PAID
6	NAME		ADDRESS	
	OBSERVED WORKING AS	CLASSIFICATION	WAGE <input type="checkbox"/> UNKNOWN	OVERTIME <input type="checkbox"/> WORKED <input type="checkbox"/> PAID
7	NAME		ADDRESS	
	OBSERVED WORKING AS	CLASSIFICATION	WAGE <input type="checkbox"/> UNKNOWN	OVERTIME <input type="checkbox"/> WORKED <input type="checkbox"/> PAID
8	NAME		ADDRESS	
	OBSERVED WORKING AS	CLASSIFICATION	WAGE <input type="checkbox"/> UNKNOWN	OVERTIME <input type="checkbox"/> WORKED <input type="checkbox"/> PAID
9	NAME		ADDRESS	
	OBSERVED WORKING AS	CLASSIFICATION	WAGE <input type="checkbox"/> UNKNOWN	OVERTIME <input type="checkbox"/> WORKED <input type="checkbox"/> PAID
10	NAME		ADDRESS	
	OBSERVED WORKING AS	CLASSIFICATION	WAGE <input type="checkbox"/> UNKNOWN	OVERTIME <input type="checkbox"/> WORKED <input type="checkbox"/> PAID

Date:\_\_\_\_\_ County:\_\_\_\_\_ Name:\_\_\_\_\_

☐ Contractor☐ Subcontractor

Project:\_\_\_\_\_ Contract ID No.: \_\_\_\_\_

- A. Do you know where wage rates are posted?
- B. Have you been informed about your fringe benefits?
- C. Have you been charged for tools used in performing your duties except for reasonable avoidable loss or damage thereto?
- D. Have you ever been charged for any transportation furnished by contractor or his agents?
- E. Has your employer made arrangements for the cashing of your paychecks?
- F. When you work in a higher classification, are you paid the proper wage rate for that classification?

1. \_\_\_\_\_

- A. ☐ YES ☐ NO
- B. ☐ YES ☐ NO
- C. ☐ YES ☐ NO
- D. ☐ YES ☐ NO
- E. ☐ YES ☐ NO
- F. ☐ YES ☐ NO

6. \_\_\_\_\_

- A. ☐ YES ☐ NO
- B. ☐ YES ☐ NO
- C. ☐ YES ☐ NO
- D. ☐ YES ☐ NO
- E. ☐ YES ☐ NO
- F. ☐ YES ☐ NO

2. \_\_\_\_\_

- A. ☐ YES ☐ NO
- B. ☐ YES ☐ NO
- C. ☐ YES ☐ NO
- D. ☐ YES ☐ NO
- E. ☐ YES ☐ NO
- F. ☐ YES ☐ NO

7. \_\_\_\_\_

- A. ☐ YES ☐ NO
- B. ☐ YES ☐ NO
- C. ☐ YES ☐ NO
- D. ☐ YES ☐ NO
- E. ☐ YES ☐ NO
- F. ☐ YES ☐ NO

3. \_\_\_\_\_

- A. ☐ YES ☐ NO
- B. ☐ YES ☐ NO
- C. ☐ YES ☐ NO
- D. ☐ YES ☐ NO
- E. ☐ YES ☐ NO
- F. ☐ YES ☐ NO

8. \_\_\_\_\_

- A. ☐ YES ☐ NO
- B. ☐ YES ☐ NO
- C. ☐ YES ☐ NO
- D. ☐ YES ☐ NO
- E. ☐ YES ☐ NO
- F. ☐ YES ☐ NO

4. \_\_\_\_\_

- A. ☐ YES ☐ NO
- B. ☐ YES ☐ NO
- C. ☐ YES ☐ NO
- D. ☐ YES ☐ NO
- E. ☐ YES ☐ NO
- F. ☐ YES ☐ NO

9. \_\_\_\_\_

- A. ☐ YES ☐ NO
- B. ☐ YES ☐ NO
- C. ☐ YES ☐ NO
- D. ☐ YES ☐ NO
- E. ☐ YES ☐ NO
- F. ☐ YES ☐ NO

5. \_\_\_\_\_

- A. ☐ YES ☐ NO
- B. ☐ YES ☐ NO
- C. ☐ YES ☐ NO
- D. ☐ YES ☐ NO
- E. ☐ YES ☐ NO
- F. ☐ YES ☐ NO

10. \_\_\_\_\_

- A. ☐ YES ☐ NO
- B. ☐ YES ☐ NO
- C. ☐ YES ☐ NO
- D. ☐ YES ☐ NO
- E. ☐ YES ☐ NO
- F. ☐ YES ☐ NO

Resident Engineer \_\_\_\_\_

Print/Type Name Here

Signature \_\_\_\_\_

Compliance Officer \_\_\_\_\_

Print/Type Name Here

Signature \_\_\_\_\_

Contract ID No.: \_\_\_\_\_

## ENGINEER'S WAGE AND HOUR REPORT CONTINUATION PAGE

Date: \_\_\_\_\_ County: \_\_\_\_\_ Foreman: \_\_\_\_\_

Project: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

☐ Contractor    ☐ Subcontractor

Telephone: \_\_\_\_\_

<b>11</b>	NAME		ADDRESS	
	OBSERVED WORKING AS	CLASSIFICATION	WAGE <input type="checkbox"/> UNKNOWN	OVERTIME <input type="checkbox"/> WORKED <input type="checkbox"/> PAID
<b>12</b>	NAME		ADDRESS	
	OBSERVED WORKING AS	CLASSIFICATION	WAGE <input type="checkbox"/> UNKNOWN	OVERTIME <input type="checkbox"/> WORKED <input type="checkbox"/> PAID
<b>13</b>	NAME		ADDRESS	
	OBSERVED WORKING AS	CLASSIFICATION	WAGE <input type="checkbox"/> UNKNOWN	OVERTIME <input type="checkbox"/> WORKED <input type="checkbox"/> PAID
<b>14</b>	NAME		ADDRESS	
	OBSERVED WORKING AS	CLASSIFICATION	WAGE <input type="checkbox"/> UNKNOWN	OVERTIME <input type="checkbox"/> WORKED <input type="checkbox"/> PAID
<b>15</b>	NAME		ADDRESS	
	OBSERVED WORKING AS	CLASSIFICATION	WAGE <input type="checkbox"/> UNKNOWN	OVERTIME <input type="checkbox"/> WORKED <input type="checkbox"/> PAID
<b>16</b>	NAME		ADDRESS	
	OBSERVED WORKING AS	CLASSIFICATION	WAGE <input type="checkbox"/> UNKNOWN	OVERTIME <input type="checkbox"/> WORKED <input type="checkbox"/> PAID
<b>17</b>	NAME		ADDRESS	
	OBSERVED WORKING AS	CLASSIFICATION	WAGE <input type="checkbox"/> UNKNOWN	OVERTIME <input type="checkbox"/> WORKED <input type="checkbox"/> PAID
<b>18</b>	NAME		ADDRESS	
	OBSERVED WORKING AS	CLASSIFICATION	WAGE <input type="checkbox"/> UNKNOWN	OVERTIME <input type="checkbox"/> WORKED <input type="checkbox"/> PAID
<b>19</b>	NAME		ADDRESS	
	OBSERVED WORKING AS	CLASSIFICATION	WAGE <input type="checkbox"/> UNKNOWN	OVERTIME <input type="checkbox"/> WORKED <input type="checkbox"/> PAID
<b>20</b>	NAME		ADDRESS	
	OBSERVED WORKING AS	CLASSIFICATION	WAGE <input type="checkbox"/> UNKNOWN	OVERTIME <input type="checkbox"/> WORKED <input type="checkbox"/> PAID

Date:\_\_\_\_\_ County:\_\_\_\_\_ Name:\_\_\_\_\_

Project:\_\_\_\_\_ Contract ID No.: \_\_\_\_\_ ☐ Contractor☐ Subcontractor

- A. Do you know where wage rates are posted?
- B. Have you been informed about your fringe benefits?
- C. Have you been charged for tools used in performing your duties except for reasonable avoidable loss or damage thereto?
- D. Have you ever been charged for any transportation furnished by contractor or his agents?
- E. Has your employer made arrangements for the cashing of your paychecks?
- F. When you work in a higher classification, are you paid the proper wage rate for that classification?

11. \_\_\_\_\_

- A. ☐ YES ☐ NO
- B. ☐ YES ☐ NO
- C. ☐ YES ☐ NO
- D. ☐ YES ☐ NO
- E. ☐ YES ☐ NO
- F. ☐ YES ☐ NO

16. \_\_\_\_\_

- A. ☐ YES ☐ NO
- B. ☐ YES ☐ NO
- C. ☐ YES ☐ NO
- D. ☐ YES ☐ NO
- E. ☐ YES ☐ NO
- F. ☐ YES ☐ NO

12. \_\_\_\_\_

- A. ☐ YES ☐ NO
- B. ☐ YES ☐ NO
- C. ☐ YES ☐ NO
- D. ☐ YES ☐ NO
- E. ☐ YES ☐ NO
- F. ☐ YES ☐ NO

17. \_\_\_\_\_

- A. ☐ YES ☐ NO
- B. ☐ YES ☐ NO
- C. ☐ YES ☐ NO
- D. ☐ YES ☐ NO
- E. ☐ YES ☐ NO
- F. ☐ YES ☐ NO

13. \_\_\_\_\_

- A. ☐ YES ☐ NO
- B. ☐ YES ☐ NO
- C. ☐ YES ☐ NO
- D. ☐ YES ☐ NO
- E. ☐ YES ☐ NO
- F. ☐ YES ☐ NO

18. \_\_\_\_\_

- A. ☐ YES ☐ NO
- B. ☐ YES ☐ NO
- C. ☐ YES ☐ NO
- D. ☐ YES ☐ NO
- E. ☐ YES ☐ NO
- F. ☐ YES ☐ NO

14. \_\_\_\_\_

- A. ☐ YES ☐ NO
- B. ☐ YES ☐ NO
- C. ☐ YES ☐ NO
- D. ☐ YES ☐ NO
- E. ☐ YES ☐ NO
- F. ☐ YES ☐ NO

19. \_\_\_\_\_

- A. ☐ YES ☐ NO
- B. ☐ YES ☐ NO
- C. ☐ YES ☐ NO
- D. ☐ YES ☐ NO
- E. ☐ YES ☐ NO
- F. ☐ YES ☐ NO

15. \_\_\_\_\_

- A. ☐ YES ☐ NO
- B. ☐ YES ☐ NO
- C. ☐ YES ☐ NO
- D. ☐ YES ☐ NO
- E. ☐ YES ☐ NO
- F. ☐ YES ☐ NO

20. \_\_\_\_\_

- A. ☐ YES ☐ NO
- B. ☐ YES ☐ NO
- C. ☐ YES ☐ NO
- D. ☐ YES ☐ NO
- E. ☐ YES ☐ NO
- F. ☐ YES ☐ NO

Resident Engineer \_\_\_\_\_

Print/Type Name Here

Signature \_\_\_\_\_

Compliance Officer \_\_\_\_\_

Print/Type Name Here

Signature \_\_\_\_\_

**IA-1 WORKERS COMPENSATION – FIRST REPORT OF INJURY OR ILLNESS**

<b>General</b>	Employer (Name & Address incl. zip)				Carrier/Administrator Claim Number N/A				Report Purpose Code N/A							
					Jurisdiction N/A		Jurisdiction Claim Number N/A									
					Insured Report Number N/A											
					Employer's Location Address (if different)						Location No. N/A					
	Sic Code N/A		Employer FEIN N/A		Phone No.											
<b>Carrier/Claims Admin</b>	Carrier (Name, Address & Phone Number) N/A				Policy Period N/A		Claims Admin (Name, Address & Phone Number) N/A									
					To											
					X								Check if self insured			
	Carrier FEIN N/A		Policy Number or Self-Insured Number N/A				Administrator FEIN N/A									
	Agent Name & Code Number N/A															
<b>Employee/Wage</b>	Legal Name (Last, First, Middle)			Date of Birth		Social Security Number			Date Hired		State of Hire					
	Address (Incl. Zip)			Sex		Marital Status			Occupation/Job Title							
				<input type="checkbox"/> Male		<input type="checkbox"/> Unmarried/Single/Div.		Employment Status								
				<input type="checkbox"/> Female		<input type="checkbox"/> Married										
				<input type="checkbox"/> Unknown		<input type="checkbox"/> Separated										
	Phone			No. of Dependents		<input type="checkbox"/> Unknown		NCCI Class Code N/A								
Wage Rate \$		<input type="checkbox"/>	Day	<input type="checkbox"/>	Month	# Days Worked/WK		Full Pay for Date of Injury?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
		<input type="checkbox"/>	Week	<input type="checkbox"/>	Other	# Hrs Worked per Day		Did Salary Continue?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
<b>Occurrence</b>	Time Employee Began Work		<input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Injury or Illness		Time Occurred		<input type="checkbox"/> AM <input type="checkbox"/> PM	Last Work Date		Date Employer Notified		Date Disability Began			
	Employer Contact Name/Phone Number						Type of Illness/Injury				Part of Body Affected					
	Did Injury/Illness Exposure Occur on Employer's Premises?						Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Illness/Injury Code N/A				Part of Body Affected Code N/A			
	Department or location where accident or illness exposure occurred								All Equipment, Materials, or Chemicals Employee was using when accident or illness exposure occurred.							
	Specific Activity the Employee was engaged in when the accident or illness exposure occurred.								Work Process the Employee Was Engaged in when accident or illness exposure occurred.							
	How injury or illness/abnormal health condition occurred. Describe the sequence of events and include any objects or substances that directly injured the employee or made the employee ill.										Cause of Injury Code N/A					
	Date Returned to Work			If Fatal, Date of Death			Were Safeguards or Safety Equipment Provided?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
							Were they used?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
<b>Treatment</b>	Physician/Health Care Provider (Name & Address)				Hospital (Name & Address)				Initial Treatment							
									0 <input type="checkbox"/> No Medical Treatment 1 <input type="checkbox"/> Minor: By Employer 2 <input type="checkbox"/> Minor Clinic/Hosp 3 <input type="checkbox"/> Emergency Care 4 <input type="checkbox"/> Hospitalized > 24 hr. 5 <input type="checkbox"/> Future Major Medical/Lost Time Anticipated							
<b>Other</b>	Witness to Accident (Name & Phone Number)															
	Date Administrator Notified			Date Prepared		Preparer's Name & Title				Preparer's Phone Number						
	IA-1 (2/95)			SEE NEXT PAGE FOR IMPORTANT STATE INFORMATION/SIGNATURE												

**COMMONWEALTH OF KENTUCKY  
CIVILIAN TRAFFIC COLLISION REPORT**

MAIL TO: KENTUCKY STATE POLICE, Records Branch, 1250 Louisville Road, Frankfort, KY 40601

**Please Print Legibly or Type all Information. Use Black or Dark Blue Ink. Make Copies Before Mailing.  
Do Not Complete This Report if the Traffic Collision was Investigated by a Police Officer**

Date of Collision \_\_\_\_\_ Time \_\_\_\_\_ AM / PM County \_\_\_\_\_

This Collision Occurred In Limits of (City or Town) \_\_\_\_\_

or \_\_\_\_\_ Miles N S E W of (City or Town) \_\_\_\_\_

ON Roadway Number or Roadway Name Intersection Roadway Name/# or Between Streets (Roadway Name/# )

**YOUR INFORMATION (Vehicle 1)****Driver** \_\_\_\_\_

First Middle Last

Address \_\_\_\_\_

Driver's License (Number &amp; State) \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_

Phone \_\_\_\_\_

**Owner of Vehicle** \_\_\_\_\_

First Middle Last

Address \_\_\_\_\_

**Vehicle**

Make &amp; Year \_\_\_\_\_ Model \_\_\_\_\_

Registration Plate Number &amp; State \_\_\_\_\_

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Damage to Vehicle \_\_\_\_\_

Estimated Cost of Repairs \_\_\_\_\_

**Damage to Property Other than Vehicle** \_\_\_\_\_

Owner's Name \_\_\_\_\_ Estimated Cost of Repairs \_\_\_\_\_

Owner's Address \_\_\_\_\_

**DIAGRAM WHAT HAPPENED IN THIS COLLISION**  
(Number Vehicles, Your Vehicle is Vehicle 1)**DESCRIBE WHAT HAPPENED**Indicate North by Arrow **N**

Name of Person Completing Report \_\_\_\_\_

Sign Here (Owner or Driver) Making Report \_\_\_\_\_ Date of Report \_\_\_\_\_



Section 1.KRS 189.635 is amended to read as follows:

(2) Any person operating a vehicle on the highways of this state who is involved in an accident resulting in fatal or non-fatal personal injury to any person or damage to the vehicle rendering the vehicle inoperable shall be required to immediately notify a law enforcement officer having jurisdiction. In the event the operator fails to notify or is incapable of notifying a law enforcement officer having jurisdiction, such responsibility shall rest with the owner of the vehicle or any occupant of the vehicle at the time of the accident. A law enforcement officer having jurisdiction shall investigate the accident and file a written report of the accident with his law enforcement agency.

(4) Any person operating a vehicle on the highways of this state who is involved in an accident resulting in any property damage exceeding five hundred dollars (\$500) in which an investigation is not conducted by a law enforcement officer shall file a written report of the accident with the Department of State Police within ten (10) days of occurrence of the accident upon forms provided by the department.

# **DO NOT COMPLETE THIS REPORT IF THE TRAFFIC COLLISION WAS INVESTIGATED BY A POLICE OFFICER**

## **Instructions**

- (1) If you were involved in a collision with a pedestrian, enter the pedestrian information in the OTHER VEHICLE/PEDESTRIAN space provided for OTHER VEHICLE/PEDESTRIAN and print the word "PEDESTRIAN" in the OWNER block.
- (2) If you were involved in a collision with a vehicle other than a motor vehicle, (for example, snowmobile, minibike, bicycle, all-terrain vehicle, trail bike, or other non-motor vehicle) enter the driver, owner, and vehicle information as you normally would for OTHER VEHICLE/PEDESTRIAN.
- (3) If a vehicle is unoccupied at the time of the collision, enter all available information pertaining to that vehicle. Be sure to correctly enter the vehicle's license number and vehicle's description in the appropriate VEHICLE block.
- (4) Driver information must be entered exactly as it appears on each driver's license.
- (5) Owner information must be entered exactly as it appears on the registration receipt of each vehicle involved in the collision.
- (6) If you were involved in a collision in which there were more than two vehicles, additional report forms must be filled out. On the form, place the information for the third vehicle in the space marked "YOUR INFORMATION" and identify it as Vehicle 3. Use the space marked "OTHER VEHICLE/PEDESTRIAN" for the fourth vehicle and identify it as Vehicle 4, and so on.

**Please complete the following information by checking the appropriate values (✓).**

## **PRE-COLLISION DIRECTION of TRAVEL**

Vehicle 1 Vehicle 2

- ( ) ( ) North  
( ) ( ) South  
( ) ( ) East  
( ) ( ) West

## **1<sup>ST</sup> EVENT COLLISION WITH (continuation)**

### **Fixed Object**

- ( ) Bridge Parapet End  
( ) Bridge Pier, Abutment  
( ) Bridge Rail  
( ) Building/Wall  
( ) Crash Cushion/Impact Attenuator

## **WEATHER**

- ( ) Blowing Sand, Soil, Dirt, Snow  
( ) Clear  
( ) Cloudy  
( ) Fog/Smog/Smoke  
( ) Fog with Rain  
( ) Raining  
( ) Severe Crosswinds

## **ROADWAY TYPE**

- ( ) County Road  
( ) Federal  
( ) Frontage Road  
( ) Interstate  
( ) Local Street  
( ) Parkway  
( ) State  
( ) None of the Above

## **PRE-COLLISION VEHICLE ACTION**

Vehicle 1 Vehicle 2

- ( ) ( ) Avoiding Object in Roadway  
( ) ( ) Backing  
( ) ( ) Changing Lanes  
( ) ( ) Entering Parked Position  
( ) ( ) Going Straight Ahead  
( ) ( ) Leaving Traffic Lane  
( ) ( ) Making Left Turn  
( ) ( ) Making Right Turn  
( ) ( ) Making U Turn  
( ) ( ) Merging  
( ) ( ) Overtaking  
( ) ( ) Parked  
( ) ( ) Slowing or Stopping  
( ) ( ) Starting from Parking  
( ) ( ) Starting in Traffic  
( ) ( ) Stopped in Traffic  
( ) ( ) Wrong Way  
( ) ( ) Other  
( ) ( ) Unknown

( ) Culvert/Head Wall

- ( ) Curbing  
( ) Earth Embankment/Rock Cut/Ditch  
( ) Fence  
( ) Fire Hydrant  
( ) Guardrail End  
( ) Guardrail Face  
( ) Light/Luminaire Support  
( ) Mailbox  
( ) Median Barrier  
( ) Other Post, Pole or Support  
( ) Overhead Sign Support  
( ) Sign Post  
( ) Snow Embankment  
( ) Toll Booth  
( ) Traffic Signal Support  
( ) Tree  
( ) Utility Pole  
( ) Other Fixed Object

- ( ) Sleet/Hail  
( ) Snowing  
( ) Other

## **ROADWAY CONDITION**

- ( ) Dry  
( ) Ice  
( ) Sand, Mud, Dirt, Oil, Gravel  
( ) Snow/Slush  
( ) Wet  
( ) Other

## **TRAFFIC CONTROL**

- ( ) Advisory Speed Sign  
( ) Center Line  
( ) Curve Sign  
( ) Flashing Light  
( ) Median  
( ) No Passing Zone  
( ) Officer or Flagman  
( ) RR Gates  
( ) RR Signs or Signals  
( ) School Zone Signs  
( ) Stop & Go Signal  
( ) Stop Sign  
( ) Warning Signs  
( ) Yield Signal  
( ) Other  
( ) None

## **ROADWAY SURFACE**

- ( ) Asphalt  
( ) Concrete  
( ) Gravel  
( ) Other

## **ROADWAY CHARACTER**

- ( ) Curve & Grade  
( ) Curve & Hillcrest  
( ) Curve & Level  
( ) Straight & Grade  
( ) Straight & Hillcrest  
( ) Straight & Level

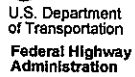
## **1<sup>ST</sup> EVENT COLLISION WITH**

### **Non-Fixed Object**

- ( ) Animal  
( ) Bicycle  
( ) Deer  
( ) Motor Vehicle in Transport, Other Roadway  
( ) Other Motor Vehicle  
( ) Pedestrian  
( ) Railroad Train  
( ) Other Object/Not Fixed

### **Non-Collision**

- ( ) Fell from Vehicle  
( ) Fire/Explosion  
( ) Jackknife  
( ) Overturned  
( ) Ran off Roadway (Only)  
( ) Submersion  
( ) Other Non-Collision



**PART A** To be completed by FHWA or State Highway Personnel (See instructions on reverse)

PREVIOUS EDITIONS ARE OBSOLETE

DISCARD BEFORE  
SUBMISSION

DEPARTMENT OF TRANSPORTATION  
Federal Highway Administration

SUPPLEMENTAL  
INFORMATION

**STATEMENT OF MATERIALS AND LABOR USED BY  
CONTRACTORS ON HIGHWAY CONSTRUCTION INVOLVING FEDERAL FUNDS**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this form is 2125-0033. The average completion time for this form is 5 hours. If you wish to make suggestions, please fax them to 202-366-3988; or mail to:

Federal Highway Administration  
Construction Cost Analysis Group, HNG-13  
400 7th Street, SW  
Washington, D.C. 20590

## INSTRUCTIONS FOR PREPARING AND TRANSMITTING FORM FHWA-47

### GENERAL REQUIREMENTS

Form FHWA-47 should be transmitted for each Federal-aid project involving construction performed under contract awarded by competitive bidding that is located on the National Highway System (NHS), except projects for which the total final construction cost of the roadway and bridge is less than \$1,000,000 or projects consisting primarily of (1) the installation of protective devices at railroad grade crossings, or (2) highway beautification.

Form FHWA-47 should be transmitted with or, if data is already available, in advance of the Final Report required by Federal-aid Policy Guide Chapter 6 G 6011.11

A separate form should be transmitted for each contract except that data for two or more contracts on the same project may be combined when such contracts are completed at approximately the same time. In case of a combination, the earliest starting date and the latest completion date should be reported. Where a single contract covers more than one project, one form may be prepared for each project or for the entire contract, provided none of the data are duplicated. A Form FHWA-47 should not be prepared for a contract covering only the purchase of material but the quantity of material should be reported when subsequently included in a construction project. In all cases, only the original of Form FHWA-47, typed or clearly lettered, and no carbon or photocopies, should be transmitted to the Washington Office.

If nonparticipating work is included in the contract, all data should be combined with the Federal-aid data in preparing the form. Data for any subcontract must be combined by the State or the division office with the prime contract if not so combined by the prime contractor. It will be the State's responsibility to see that all prime contract and subcontract costs, material, and labor-hours have been reported for each contract, and no duplication of data are involved. Quantities of State-furnished materials should be included with contract quantities, and costs of STATE-furnished materials should be added to Item 2 "Final Construction Cost" and also to Item 4 "Total Cost of All Materials and Supplies." All quantities should be reported to the nearest whole unit and only in the units specified. All costs should be reported to the nearest dollar.

Check urban or rural to indicate whether the major cost is for work within an urban area or in a rural location.

All figures should be verified for reasonableness by State highway department and Federal Highway Administration division office engineers. The total material cost and the total labor-hours and gross earnings should bear reasonable relationships to the final construction cost. Also the quantity of each material reported should be reasonable with respect to the quantities of other materials. For example, if a large quantity of reinforcing steel is reported with no cement or ready-mixed concrete, an error of omission in reporting would be indicated.

Generally, the total cost of materials, supplies, and labor should be substantially less than the final construction cost, as the latter also includes costs of equipment ownership, overhead, and profit which are not required to be reported. If the final construction cost is less or only a few percent more than the total cost of materials, supplies and labor, the indication is that the contractor suffered a loss on the project or that there is an error in reporting. In such case, if it is determined that the figures reported are correct, a statement should be made on a plain sheet of paper marked "Remarks" to the effect that the contractor actually did suffer a loss, (verify with contractor).

### **Part A - INFORMATION TO BE SUPPLIED BY FEDERAL HIGHWAY ADMINISTRATION OR STATE HIGHWAY PERSONNEL (FEDERAL-AID POLICY GUIDE CH. 6 G 6011.11)**

**Item 1 - "Length of Project."** - Report official roadway mileage and official bridge mileage.

**Item 2 - "Final Construction Cost"** - Show best estimate of Federal and State costs incurred to date for contract items, extra work performed by contractor, and State-furnished materials.

\*Quantities of steel, concrete and lumber used in connection with Items 20, 21, 22, 23, 24, and 25 should not be reported unless difficulties are encountered in segregating such quantities from total quantities.

FORM FHWA-47 (Rev. 7-98)

### **PART B - INFORMATION TO BE SUPPLIED BY CONTRACTOR IMMEDIATELY UPON COMPLETION OF CONTRACT OR PROJECT**

#### **Specific Instructions for the Following Numbered Items:**

**Item 3** - Report total labor-hours worked and earnings of all contractor's employees on the project, including those on operation and maintenance of equipment.

**Item 4** - This should be the total cost, at the jobsite of all construction materials and supplies purchased for and used on the project, including the cost of materials for signing and lighting and the cost of any materials and supplies not specifically listed hereon. Costs of equipment or equipment rental and the cost of operating the equipment, except the costs of fuel and lubricants, should not be included in this item. Small items of equipment such as jackhammers, handtools, repair parts, tires, etc., are not considered to be supplies. Costs of such items and also overhead costs should not be included. The amount included here for aggregates produced should be only the cost paid by the contractor for the aggregates and should not include the costs of excavating, processing, loading and hauling. Wages and labor-hours for aggregates produced should, of course, be included with Item 3.

**Item 5** - Report total number of gallons of all gasoline, diesel oil, lubricating oil, and grease for equipment and trucks. For conversion purposes use factor of 8 pounds of grease per gallon.

**Items 6, 7, and 8** - Report quantity of cement used on project. Do not report here the cement included in Item 15.

**Items 9 and 10** - Report quantity of aggregates purchased from commercial producers, such as sand, gravel, crushed stone, etc. Do not report here aggregates included in Items 15 and 16. Aggregates produced by the contractor shall be reported as Items 17 and 18.

**Item 11** - Report number of gallons of bitumens such as asphalt and tar. Do not report here bituminous materials included in Item 16.

**Item 12** - Report all lumber products purchased for and use on the project, including plywood and pressed wood, but excluding timber piling, lumber in fencing, guardrail, and signs, and lumber purchased for or used on previous projects and previously reported. The quantity of lumber should be reported as the number of thousand board feet and not as the number of board feet.

**Item 13** - Report total number of pounds of reinforcement (plain or coated) for both structures and pavement. Include estimated quantities of reinforcing and prestressing steel in purchased precast units, except concrete pipe reinforcement.

**Item 14** - Report total number of pounds of structural steel, steel H-piling, and sheet piling.

**Item 15** - Report total number of cubic yards of ready-mixed concrete plus estimated quantity of concrete in purchased precast units, excluding Item 26.

**Item 16** - Report total number of tons of bituminous paving mixtures that are purchased in a prepared condition ready for placement as they reach the job.

**Items 17 and 18** - Report total quantity of aggregates such as sand, gravel, crushed stone, etc., produced by the contractor.

**Item 19** - Report estimated total weight of steel products not appropriate for Items 13, 14 and 26, such as joint devices, tubular piling, etc.

**Items 20, 21, and 22** - Report total lengths, in linear feet, of all types of noise barriers, guardrail and bridge rail.\*

**Item 23** - Report final contract amount for all types of signs including foundations, posts, structural supports, etc. Do not include traffic signals.\*

**Item 24** - Report final contract amount for highway and bridge lighting including foundations, conduits, standards, wiring, switches, luminaires, etc. Do not include traffic signals.\*

**Item 25** - Report final contract amount for traffic signals.\*

**Item 26** - Report, by size, regardless of class, type, gauge or coating, total number of linear feet of corrugated steel pipe, structural plate pipe, pipe-arches and arches.

**Item 27** - Report, by size, regardless of class, type, gauge or coating, total number of linear feet of plain and reinforced concrete drain and culvert pipe.

**Item 28** - Report, by size, total number of linear feet of clay pipe.

**Item 29** - Report, by size, total number of linear feet of corrugated aluminum culvert.

**Item 30** - Report, by size, total number of linear feet of plastic pipe.

<b>FEDERAL-AID HIGHWAY CONSTRUCTION CONTRACTORS ANNUAL EEO REPORT</b>														<b>OMB NO. 2125-0019</b> Report For July _____					
1. CHECK APPROPRIATE BLOCK <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor			2. NAME AND ADDRESS OF FIRM					3. FEDERAL-AID PROJECT NUMBER				4. TYPE OF CONSTRUCTION							
5. COUNTY AND STATE			6. PERCENT COMPLETE			7. BEGINNING CONSTR. DATE			8. DOLLAR AMOUNT OF CONTRACT				9. ESTIMATED PEAK EMPLOYMENT						
													Month and Year (a)		Number of Employees (b)				
<b>10. EMPLOYMENT DATA</b>																			
<b>Table A</b>														<b>Table B</b>					
JOB CATEGORIES	TOTAL EMPLOYEES		TOTAL MINORITIES		BLACK <i>Not of Hispanic Origin</i>		HISPANIC		AMERICAN INDIAN OR ALASKAN NATIVE		ASIAN OR PACIFIC ISLANDER		WHITE <i>Not of Hispanic Origin</i>		APPRENTICES		ON THE JOB TRAINEES		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
OFFICIALS ( <i>Managers</i> )																			
SUPERVISORS																			
FOREMEN/WOMEN																			
CLERICAL																			
EQUIPMENT OPERATORS																			
MECHANICS																			
TRUCK DRIVERS																			
IRONWORKERS																			
CARPENTERS																			
CEMENT MASONS																			
ELECTRICIANS																			
PIPEFITTERS																			
PAINTERS																			
LABORERS, SEMI-SKILLED																			
LABORERS, UNSKILLED																			
<b>TOTAL</b>																			
<b>Table C</b>																			
APPRENTICES																			
ON THE JOB TRAINEES																			
11. PREPARED BY: ( <i>Signature and Title</i> )								DATE		REVIEWED BY: ( <i>Signature and Title of State Highway Official</i> )								DATE	
<i>This report is required by law and regulation (23 U.S.C. 140a and 23 CFR Part 230). Failure to report will result in noncompliance with this regulation.</i>																			

**Agency Display of Estimated Burden  
for  
Federal-Aid Highway Construction Contractors Annual EEO Report**

The average completion time for this form is 1 Hour. If you wish to comment on the accuracy of the estimate or make suggestions for reducing the burden, please direct your comments to OMB and FHWA at the following addresses:

Office of Management and Budget  
Paperwork Reduction Project 2125-0019  
Washington, D.C. 20503

Federal Highway Administration  
Office of Civil Rights, HCR-10  
400 7th Street, SW.  
Washington, D.C. 20590")